Print Form

STATE LANDSCAPE CONTRACTORS BOARD
OWNER/MANAGING EMPLOYEE
PROGRAM APPROVAL FORM

(PRINT OR TYPE)

LCB
Office Use Only
Date Rec. Stamp

Applicant:_____
Sponsoring Institution/agency/organization/person

Address: _____
Street/P.O. Box City State/Zip

Telephone: _____; Fax: _____ Date: _____

Email: _____

Type of Course Presentation: ☐Classroom ☐ Online ☐ Other _____

*Instructor(s): _____
Name(s)- Attach Resumes and work summaries

Must have at least two years experience teaching or working in areas related to course material

Provider agrees to the following *(indicate agreement by initialing)*:

_____ 1. The provider will provide 16 classroom hours or the equivalent presenting the course material outlined in OAR 808-003-0040

_____ 2. The provider will use agency-approved course materials

_____ 3. The provider will maintain completion records for 3 years and send electronic records of those that have completed the course within 14 days of the date of completion via email or CD using an excel spreadsheet format that includes:
   a. Name of applicant
   b. Address of applicant
   c. Telephone number of applicant
   d. Date of Completion of course material

_____ 4. The provider will supply to each applicant that has completed the course a Certificate of Completion that includes:
   a. Name of Course Provider
   b. Name of Applicant
   c. Date Course Completed
   d. Signature of Instructor providing course
   e. Authorized signature (or official stamp) of Course Provider

_____ 5. The provider will abide by all applicable federal and state laws

_____ 6. The provider will not acquire or attempt to acquire by any means the test questions administered for the Owner/Managing Employee examination or any other examination administered by the Board.

Signature of Instructor) _____
(Same as on Certificate
Signature or Official Stamp of Course Provider _____
(Same as on Certificate):

STAMP

You must attach:

1. **Resumes and work summaries of all instructors**
2. **Copy of Certificate of Completion signed or stamped as above**

Send by Mail, Fax or Email (w/ scanned attachments) to:

Landscape Contractors Board
2111 Front St. NE, Ste 2-101
Salem, OR 97301
Fax: (503) 378-5950; email: lcb.info@state.or.us

LCB OFFICE USE ONLY

☐ Resumes received ☐ Completed Certificate

☐ Approved ☐ Not approved

Reviewer: _____