



## Oregon Landscape Contractors Board

2111 Front St NE; Ste 2-101

Salem, OR 97301

503-967-6291

503-967-6298 fax

### EMPLOYER STATUS CHANGE

Business Name \_\_\_\_\_

Business License # \_\_\_\_\_ (4 digit)

Please change the employer status of the above business to:

- Exempt (no employees)
- Non-Exempt (has employees)

If the business is applying for non-exempt status, **the business must provide proof of workers comp insurance**. This may be a certificate of insurance issued from your insurance company. Contact Workers Compensation Division at 1-800-452-0288 if you have questions.

The business must also provide the following, if not already on file with the LCB:

Federal ID Number \_\_\_\_\_

Contact the IRS at 1-800-829-1040 or [www.irs.gov](http://www.irs.gov)

State Tax ID Number \_\_\_\_\_

Contact Oregon Department of Revenue at 503-378-4988 or [www.oregon.gov](http://www.oregon.gov)

Signature: \_\_\_\_\_  
Owner/Member/Officer/Managing Employee

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

You may fax, email or mail this form to:

LCB

2111 Front St. NE; Suite 2-101

Salem, OR 97301

Fax 503-967-6298

LCBinfo@lcb.state.or.us