



OREGON LANDSCAPE CONTRACTORS BOARD

2111 Front St NE, Suite 2-101
Salem, OR 97301
Telephone: (503) 378-5909
Fax: (503) 378-5950
Web: www.lcb.state.or.us

**LANDSCAPE CONSTRUCTION PROFESSIONAL
LICENSE RENEWAL FORM**

Name
Address1
Address2
CSZ

LICENSE NUMBER: LicenseNo
EXPIRATION DATE: ExpDt
LICENSE PHASE: LicPhase
BACKFLOW: LIBDI

INFORMATION OF RECORD:

REQUESTED CHANGES:

1 NAME:

Name1

MAILING ADDRESS:

Address11

Address12

CSZ1

MailingCounty

PHYSICAL ADDRESS:

PhysAddress1

PhysAddress2

PhysCSZ

PhysCounty

HOME PHONE: HomePhone

WORK PHONE: WorkPhone

CELL PHONE: CellPhone

FAX: Fax

E-MAIL: Email

1

Name

Mailing Address

Physical Address

Home Phone:

Work Phone:

Cell Phone:

Fax:

E-Mail:

2 I am not currently employed by a licensed landscaping business and am not conducting my own landscaping business.

2

3 BUSINESS ASSOCIATIONS:

BusAssoc

3

Add:

Business Name

License No

Add:

Business Name

License No

Before

(OVER)

Name2

LICENSE NUMBER: LicenseNo2

INFORMATION OF RECORD:

4

Do you have any unpaid court judgments, arbitration awards or administrative agency final orders in any state that requires payment for damages arising out of the performance of, or a contract for landscaping work issued after January 1, 2008?

REQUESTED CHANGES:

4

YES

If yes, please provide copies of the judgment, award or final order and any other pertinent documentation to the LCB. Failure to provide true and accurate information is grounds for revocation, termination or suspension of the license plus a civil penalty of up to \$2000.00

By my signature below, I certify that: I have read and will comply with the current* Oregon Revised Statutes (ORS) and Administrative Rules (OAR) governing landscaping; all information is true, accurate and complete to the best of my knowledge. I understand that providing incomplete or inaccurate information will result in a delay of my renewal and may result in disciplinary action by the Board. (* You may obtain a current copy of the Rules and Statutes on our website at www.lcb.state.or.us.)

Signature: _____

FEE DUE: FeeAmt
LATE FEE: LateFeeAmt
TOTAL DUE: TotalAmt

Pay By Check: Make checks payable to **OLCB**

Amount Enclosed: \$ _____

Check #: _____

Pay By Credit Card:

Card type: Visa MasterCard Discover **Amount Authorized: \$** _____

Card #: - - **Exp:** ____/____

Signature: _____

Print name on card: _____

**** Billing address of credit card:** _____

**** This is required to be able to process credit card payment.**