



Minor Label Log

Department of Consumer & Business Services
Building Codes Division
P.O. Box 14470, Salem, OR 97309-0404
503-378-2804
www.minorlabels.info

**Enter data online.
Keep this form for your records.**

Contractor's name: _____

CCB no.: _____

Place sticker here.	Job #: _____	Install date: _____	<input type="checkbox"/> One- & two-family <input type="checkbox"/> Commercial
Work description: _____			
Installer name: _____ Installer license: _____			
Job address: _____			
City: _____, Oregon ZIP: _____			
Owner address: _____			
<input type="checkbox"/> Same as above or City: _____, Oregon ZIP: _____			
Owner name: _____ Contact phone: _____			
Place sticker here.	Job #: _____	Install date: _____	<input type="checkbox"/> One- & two-family <input type="checkbox"/> Commercial
Work description: _____			
Installer name: _____ Installer license: _____			
Job address: _____			
City: _____, Oregon ZIP: _____			
Owner address: _____			
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