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## LEAD INSPECTION OR ABATEMENT LICENSE APPLICATION

**Office location:**

201 High St SE, Suite 600  
Salem, OR 97301

**Mailing address:**

P.O. Box 14140  
Salem, OR 97309-5052

**Secure Fax:**

(503) 373-2155

**Board website:**

[www.oregon.gov/ccb](http://www.oregon.gov/ccb)

**Questions?**

Email [ccb.info@ccb.oregon.gov](mailto:ccb.info@ccb.oregon.gov) or call (503) 378-4621

# CONSTRUCTION CONTRACTORS BOARD (CCB) LICENSE APPLICATION INSTRUCTIONS

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**You must have a current, active CCB license to apply.**

Submit the following documents as one complete packet to the CCB for licensure:

- Application Form** (pages 3)
- Payment Information** (page 4)
- Lead Supervisor:** A copy of the Business Public Health Division Certification issued by the Oregon Health Authority.
- Lead Inspector or Risk Assessor:** A copy of the Business Public Health Division Certification issued by the Oregon Health Authority **AND** a copy of both sides of the Photo ID Badge issued by the Oregon Health Authority.

## METHOD OF PAYMENT

The application fee is \$325 and is non-refundable. This fee covers administrative costs for processing your application.

The Board accepts debit and credit card payments, check, and money order. Credit card payments may be made using VISA, MasterCard, or Discover and sent via our secure fax at (503) 373-2155. Check payments may be mailed to the Board office and made payable to the Oregon Construction Contractors Board.

**DO NOT EMAIL YOUR APPLICATION OR PAYMENT TO THE BOARD**

**MISREPRESENTATION IN THIS APPLICATION IS CAUSE FOR DENIAL OF LICENSE**

**APPLICATIONS ARE NOT PROCESSED IN-PERSON**

# License Application for Lead Inspection or Abatement Contractors License

License No. \_\_\_\_\_

**CCB USE ONLY**



FEE: \$ 50

**Important:** Read the application instructions carefully before completing this form. Complete all required areas of the application, attach additional document(s) as needed, and include payment with your submission. Personal information provided on this application will be used to conduct background checks. **Incomplete applications cannot be processed.**

## APPLICANT INFORMATION

Full Legal Name (*Sole Proprietor, Partnership(s), Corporation, or LLC*) \_\_\_\_\_

CCB License Number \_\_\_\_\_

Business **Mailing** Address \_\_\_\_\_

The mailing and physical address are the same:  YES  NO

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Business **Physical** Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

## 2 LEAD SUPERVISOR (ABATEMENT LICENSE)

Full Legal Name of Lead Inspector or Lead Risk Assessor \_\_\_\_\_

Owner

Employee

CCB Lead License Number 915-\_\_\_\_\_

(Attach separate sheet for additional names)

## 3 LEAD INSPECTOR/RISK ASSESSOR (INSPECTION LICENSE)

Full Legal Name of Lead Inspector or Lead Risk Assessor \_\_\_\_\_

Owner

Employee

CCB Lead License Number 915-\_\_\_\_\_

(Attach separate sheet for additional names)

## 4 SIGNATURES

By signing below, I certify that I have read and will comply with ORS 431.920, ORS 701.505 to 701.515, and the rules adopted pursuant thereto. I also certify that the information and documentation given in this application is complete and accurate to the best of my knowledge.

Signature (*Sole Proprietor, Partner, Corporate Officer or Member*) \_\_\_\_\_

Date \_\_\_\_\_

Signature (*Lead Supervisor*) \_\_\_\_\_

Date \_\_\_\_\_

## PAYMENT INFORMATION

A complete application must be submitted at the time of payment. Please read the application instructions carefully prior to submitting the application and payment to the Board's office. For your protection, **EMAIL SUBMISSIONS WILL NOT BE ACCEPTED.**

By signing below, I understand that once the application fee has been paid it is non-refundable. You may submit payment and your application using ONE of the following options (*please select only one*):

### Payment by Debit or Credit Card

*VISA, MASTERCARD, or DISCOVER **ONLY** for credit card payments.*

I authorize the amount of **\$50.00** license application fee to be charged to my card.

VISA

MASTERCARD

DISCOVER

Card Number

Expiration Date (MM/YY)

CVV (3-digit Code)

Name as it appears on the card

Card Holder's Billing Address

City

State

Zip Code

Card Holder's Email

Card Holder's Phone Number

Authorized Signature – **REQUIRED**

### Secure Fax (only if paying by debit or credit card)

You may fax your payment to the office using our secure fax at (503) 373-2155.

### Payment by Check

Check or Money Order can be made payable to the "Oregon Construction Contractors Board" or "Oregon CCB"  
Mail the check/money order to the Board office at:

Regular Mail:

P.O. BOX 14140  
Salem, OR 97309-5052

Priority Mail:

201 High St SE, Ste. 600  
Salem, OR 97301

Questions?? If you need assistance, please contact the CCB at (503) 378-4621.

**Applications are not processed in-person. Please allow 3-4 weeks for processing.**

IMPORTANT: Incomplete applications or missing documentation will delay the licensing process. Verify the information provided is complete and accurate prior to submitting.

FOR OFFICE USE ONLY

AMOUNT PAID

APPROVAL CODE