# Instructions for Completing the Single or Combination Contractor/Business License

Department of Consumer and Business Services
**Building Codes Division** • 1535 Edgewater NW, Salem, OR
Mailing address: P.O. Box 14470, Salem, OR 97309-0404
503-373-1268 • Fax: 503-378-2322
Web: oregon.gov/bcd

## GENERAL INSTRUCTIONS

1. Applicants for Building Codes Division contractor/business licenses generally must be licensed with the Construction Contractors Board (CCB). You may contact CCB, 503-378-4621, or visit its website, www.ccb.state.or.us.
   (**Boiler and plumbing business applicants:** People applying for single plumbing business licenses do not need to complete the qualifying person experience verification form.)
2. Carefully read the instructions.
3. You may apply for one or more single licenses or a combination license.
4. After you fill out the application, use the checklist at the end of the instructions to make sure the application is complete with all required documents before submitting to the Building Codes Division. Incomplete applications will delay the licensing process.

## STEP 1 APPLICANT INFORMATION

1. OAR 918-030-0015 requires contractors registered with the Building Codes Division to maintain an active CCB license. Be sure to provide the business/company's CCB number and expiration date. If the business is exempt from CCB licensure, submit with the application a letter, on letterhead, stating the reason for the exemption.
2. The owner or corporate officer provided in this step must also sign in Step 6.

## STEP 2 LICENSE TYPES

1. Check the boxes next to the licenses you are applying for.
2. Applicants must meet the requirements and submit the appropriate documents for each license they are applying for. If applying for a combination license, applicants must submit all additional documents and requirements for each license type within the combination.
3. Initial licenses will expire at the end of the current license cycles. Contact the Building Codes Division (BCD) licensing specialist or visit www.bcd.oregon.gov for information regarding license cycles.

## STEP 3 METHOD OF PAYMENT

1. If you are paying by credit card, fill out the credit card information box. You must sign your name.
2. Make checks or money orders payable to "Department of Consumer & Business Services."

## STEP 4 PREVIOUS LICENSES

1. If you currently hold, or have ever held, a license with Building Codes Division, list your license numbers, the business names, or both.
2. Skip to Step 6 for boiler/pressure vessel businesses (BB) and plumbing businesses (PB) applications.

***Continued to Page 2***

## STEP 5 LICENSE PREREQUISITES

1. Submit any additional documents required by license.
2. Designate an appropriate signing supervisor for the contractor license you are applying for. If applying with a "qualified person" (QP) as the designated signing supervisor, Page 5 of this document must accompany the contractor/ business application.

**Instructions for "Verification of Qualifying Persons' Experience"**

A) Verifier may be the qualifying person's employer, supervisor, co-worker, or business associate.

B) Experience required for the "Qualifying Person" are as follows:

- Restricted energy contractor (CRE): Verify two years (4,000 hours) of experience related to HVAC work.
- Limited maintenance specialty contractor (LMS): Verify 12 months (2,000 hours) of experience related to the repair, service, maintenance, installation, or replacement of existing, built-in, or permanently connected appliances, fluorescent ballasts, or similar equipment.
- Limited pump installation specialty contractor (CPI): Verify 12 months (2,000 hours) of experience related to the testing, repair, service, maintenance, installation, or replacement of new or existing pump equipment for potable or irrigation water systems on *residential property.*
- Limited maintenance specialty contractor HVAC/R (LHR): Verify two years (4,000 hours) of experience in installation, including set-up and testing, plus approved specialized training from a manufacturer, distributor, school, apprenticeship program, or lawful on-the-job training in one or more of the following activities: electrical repair, service, maintenance, installation, or replacement of existing built-in or permanently connected residential, commercial, or industrial heating, ventilation, air conditioning, dehumidifying, filtering, or refrigeration equipment, and experience in connection with the education received.

## STEP 6 OWNER/CORPORATE OFFICER SIGNATURE

The person who signs must be the person listed on the Construction Contractor Board license **and** in Step 1 of this application.

## CHECKLIST

- ☐ Applicant information complete
  - If exempt from CCB licensure, include letter attached stating reasons why.
- ☐ Licenses applying for are checked
- ☐ Payment is attached or signed if paying by credit card
- ☐ Previous licenses are listed
- ☐ Signing supervisor designated
  - Form 2888-C is attached if signing supervisor is a "qualified person" (QP)
- ☐ Additional requirements attached
  - List of employees if needed
  - Insurance policy for elevator contractor mechanical (ECM)
- ☐ Owner or corporate officer listed in Step 1 and on the CCB license has signed and dated Step 6.

Once application is complete, send materials to:

DCBS Fiscal Services
PO BOX 14610
Salem OR, 97309-0445

**You may send applications paid by credit card to the secure fax line: 503-947-2333**

# Contractor/Business License Application

Department of Consumer and Business Services
**Building Codes Division** • 1535 Edgewater NW, Salem, OR
Mailing address: P.O. Box 14470, Salem, OR 97309-0404
503-373-1268 • Fax: 503-378-2322
Web: bcd.oregon.gov

**Mail application with payment to:**
**DCBS Fiscal Services**
P.O. Box 14610
Salem, OR 97309-0445

**Please review requirements and complete steps before submitting your application. Application fees are nonrefundable.**

## STEP 1 APPLICANT INFORMATION

| | | | |
|---|---|---|---|
| Construction Contractors Board license no.: | | Expires: | |
| Name that appears on CCB license: | | Phone: - - | |
| Owner/corporate officer (first and last name): | | Cell phone: - - | |
| Company name/DBA/ABN: | | Fax: - - | |
| Address/P.O. Box: | | Email: | |
| City: | County: | State: | ZIP: |

Applicant is: ☐ Sole proprietor ☐ Partnership ☐ Corporation ☐ Ltd. liability company

## STEP 2 LICENSE TYPES

**You may choose single or combination licenses.**

| ELECTRICAL LICENSES | PCA | FEE |
|---|---|---|
| ☐ Electrical contractor (C) | 70111 | $375 |
| ☐ Limited energy contractor (CLE) | 70111 | $375 |
| ☐ Limited sign contractor (CLS) | 70111 | $375 |
| ☐ Limited renewable energy contractor (CLR) | 70111 | $375 |
| ☐ Restricted energy contractor (CRE) | 70111 | $375 |
| ☐ Limited maintenance specialty contractor (LMS) | 70111 | $75 |
| ☐ Limited maintenance specialty contractor HVAC/R (LHR) | 70111 | $75 |
| ☐ Limited pump installation specialty contractor (CPI) | 70111 | $75 |

| PLUMBING AND BOILER LICENSES | PCA | FEE |
|---|---|---|
| ☐ Plumbing business (PB) | 70611 | $150 |
| ☐ Boiler/pressure vessel business (BB) | 70311 | $495 |

| COMBINATION LICENSES | PCA | FEE |
|---|---|---|
| ☐ Plumbing and boiler business (BP) | 77711 | $645 |
| ☐ Plumbing and boiler business and restricted energy contractor (PBR) | 77712 | $1020 |
| ☐ Plumbing and ltd. maintenance specialty contractor (PM) | 77713 | $225 |
| ☐ Plumbing and ltd. pump installation contractor (PP) | 77714 | $225 |
| ☐ Elevator electrical and elevator mechanical contractor (EM) | 77715 | $1035 |
| ☐ Plumbing and boiler business and ltd. maintenance specialty contractor HVAC/R (PBH) | 77716 | $720 |
| ☐ Boiler business and ltd. maintenance specialty contractor (BH) | 77717 | $570 |
| ☐ Plumbing and boiler business and electrical contractor (PBE) | 77718 | $1020 |
| ☐ Boiler business and electrical contractor (BE) | 77719 | $870 |

| ELEVATOR LICENSES | PCA | FEE |
|---|---|---|
| ☐ Elevator contractor electrical (EC) | 70111 | $450 |
| ☐ Elevator contractor mechanical (ECM) | 70211 | $585 |

## STEP 3 METHOD OF PAYMENT

**Secure fax for credit card payments:**
**503-947-2333**
If paying by credit card, applicant must sign credit card information box.

Make check or money order payable to Department of Consumer and Business Services.
Do ***not*** send cash.

☐ Visa ☐ MasterCard ☐ Discover Phone:

Credit card number | Expiration date

Name of cardholder as shown on credit card

Cardholder signature | $ Amount

**Fiscal use only: 12104/0600**

DEPARTMENT OF CONSUMER & BUSINESS SERVICES

## STEP 4 PREVIOUS LICENSES

If you hold, or have held, a license with the State of Oregon Building Codes Division, list your

license numbers: _____ and

business names: _____.

## STEP 5A LICENSE PREREQUISITE: DESIGNATE SIGNING SUPERVISOR

**NOTE: Boiler/pressure vessel businesses (BB) and plumbing businesses (PB) applicants skip to Step 6.**

Different contractor licenses have different options for who can serve as a "qualified signing supervisor." Use this chart to determine the options that apply to your license.

| Contractor Type | Qualified Signing Supervisor | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | General supervising electrician s | General journeyman electrician (J) | Ltd. energy class A (LEA) | Ltd. energy class B (LEB) | Ltd. renewable energy technician (LRT) | Ltd. journeyman sign electrician (SIG) | Ltd. journeyman elevator electrician (E) | "Qualified person" (QP) must submit verification form 2888-C. *See instructions for more information. |
| (C) Electrical contractor | X | | | | | | | |
| (CLE) Ltd. energy contractor | X | X | X | X | | | | |
| (CLS) Ltd. sign contractor | X | X | | | | X | | |
| (CLR) Ltd. renewable energy contractor | X | X | | | X | | | |
| (EC) Elevator contractor electrical | X | | | | | | X | |
| (CRE) Restricted energy contractor | X | X | X | X | | | | X |
| (LMS) Ltd. maintenance specialty contractor | X | X | | | | | | X |
| (LHR) Ltd. maintenance specialty contractor HVAC/R | X | X | X | X | | | | X |
| (CPI) Ltd. pump installation specialty contractor | X | X | | | | | | X |

Print name of designated signing supervisor: _____

Signing supervisor signature: _____ License number or "QP": _____

## STEP 5B LICENSE PREREQUISITE — ADDITIONAL REQUIREMENTS

**The following contractor types are required to submit a list of employees on company letterhead:**

(CRE) Restricted energy contractor.

(LMS) Ltd. maintenance specialty contractor.

(LHR) Ltd. maintenance specialty contractor HVAC/R.

(ECM) Elevator contractor mechanical (List for ECM must include license numbers of all employees).
ECM must *also* submit a certified copy of a certificate of insurance, or its equivalent, from the company's insurance carrier as proof the applying company is insured as an elevator contractor.

## STEP 6 OWNER/CORPORATE OFFICER SIGNATURE (must be listed in Step 1 as owner/corporate officer)

I hereby certify the information on this application is true, correct, and complete. I understand that incorrect statements or omission of material facts may result in denial of this application.

Print owner/corporate officer name: _____

Owner/corporate officer signature: _____ Date: _____

# Verification of Qualifying Person's Experience for Contractor/Business License Application

Department of Consumer and Business Services
**Building Codes Division** • 1535 Edgewater NW, Salem, OR
Mailing address: P.O. Box 14470, Salem, OR 97309-0404
503-373-1268 • Fax: 503-378-2322
Web: bcd.oregon.gov

## TYPE OF CONTRACTOR LICENSE

Please choose the type of contractor license this applicant person will be qualifying for:

☐ Restricted energy contractor (CRE)
☐ Ltd. maintenance specialty contractor (LMS)
☐ Ltd. maintenance specialty contractor HVAC/R (LHR)
☐ Ltd. pump installation specialty contractor (CPI)

## APPLICANT/QUALIFYING PERSON INFORMATION

| | | | |
|---|---|---|---|
| Name (First, middle initial, last): | | | |
| Mailing address: | | | |
| City: | State: | ZIP: | Phone: |
| Licenses you hold or have held with Building Codes Division: | | | |

## WORK EXPERIENCE AND TRAINING FOR PERSON LISTED ABOVE – TO BE COMPLETED BY VERIFIER

| | |
|---|---|
| **Employer information where experience was obtained** | |
| Company name: | Contractor number: |
| Address: | Office phone: |
| Applicant's position title: | |
| Applicant's period of employment: | |
| **Description of work** | Describe the work performed by the applicant. Be specific in describing work duties, responsibilities, and skills. *Maximum of 2,000 hours per year allowed. OAR 918-030-0030(4)* |

| Description of work | Total hours of experience |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**Please attach copies of certificates of all training that applies.** Indicate any training you know the applicant/qualifying person completed.

| | |
|---|---|
| Class title: | Class date: |
| Training sponsor: | Total class hours: |

## VERIFIER INFORMATION

| | |
|---|---|
| Name of verifier: | Electrical license number: |
| Contact phone number: | Relation to applicant: |

I certify I have been actively involved in the applicant/qualifying person's experience and training and I have direct knowledge that the qualifying person was employed as listed above. I verify information on this form to be true and correct.

Verifier's signature: Date: