



**CONSTRUCTION CONTRACTORS BOARD**  
 PO Box 14140  
 Salem, OR 97309-5052  
 503-378-4621 [www.oregon.gov/ccb](http://www.oregon.gov/ccb)

## HOME ENERGY ASSESSOR (HEA) CERTIFICATION RENEWAL APPLICATION

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

<i>License Number:</i> _____
<i>Expiration Date:</i> _____

### CHANGES TO INDIVIDUAL INFORMATION

No Changes <input type="checkbox"/>	ADDRESS:	CITY:	STATE:	ZIP:
	EMAIL:	PHONE:		

### CHANGE OF CCB LICENSE HEA ASSOCIATED WITH

No Changes <input type="checkbox"/>	Name of New CCB License Holder	CCB License No.
	Signature of New Owner/Officer/Member/Partner	Date

### SIGNATURE

I certify that I have read and will comply with ORS 701.527-701.536, and OAR 812-032-0000 through 812-032-0150.

I understand that I must be associated with a business that is licensed through the Construction Contractors Board as a Home Energy Performance Score Contractor, or as a residential construction contractor, in order to conduct business as a Home Energy Assessor.

I understand that this certification must be renewed every 12 months, and that my training certification may expire on a different date based on when I completed the training.

I certify that the information given in this application is complete and accurate to the best of my knowledge.

<b>Signature</b>	Date
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### INCLUDE WITH RENEWAL

Fee - \$100 (make checks payable to the Construction Contractors Board)

### CREDIT CARD PAYMENTS - (Credit card-only customers may fax this renewal to 503-373-2155)

Billing Name	Billing Address
Amount of Payment <b>\$100</b>	Card Number
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	Expiration Date
Signature of Card Holder	Date
Office Use Only	