



CONSTRUCTION CONTRACTORS BOARD
 PO Box 14140
 Salem OR 97309-5052
 Phone 503-378-4621 ~~~ Fax 503-373-2007
www.oregon.gov/CCB



ADDRESS OR BUSINESS NAME CHANGE REQUEST FORM

This **completed** form may be mailed, faxed, or emailed to CCB.info@state.or.us

LICENSE NAME AND NUMBER

 Name (*Print name of licensee*)

 CCB license number

ADDRESS CHANGE

 New street address or PO Box

(_____)_____
 Phone number

 City

 State

 Zip

 County

Please add/change my Email address. _____

Please also change my Oregon Certified Home Inspector Certification (OCHI) record. _____

Please change my Oregon Certified Home Inspector Certification (OCHI) record only

 OCHI number

ASSUMED BUSINESS NAME (ABN) CHANGE

I have **changed** my assumed business name with the Corporation Division and want the following ABN(s) added to my record. I want my current ABN(s) **removed** from my record.

I want to **add** the following to my record. The new assumed business name is filed with the Corporation Division. I want my current ABN(s) to **remain** on my record.

New ABN _____

Corporation Division Registry number [call 503-986-2200] _____

BUSINESS ENTITY NAME AMENDMENT

This option applies if you have amended your business name, but your entity type has remained the same (sole proprietor, corporation, LLC). If you have filed a business name under a new entity type, please contact the CCB at 503-378-4621 for a new application packet, or go to our website at www.oregon.gov/CCB.

Amended name _____

Corporation Division Registry number [call 503-986-2200] _____

REQUIRED: I have attached a rider from my bond company **and** a Certificate of Insurance reflecting the amended name.

SIGNATURE

 Your Name (*Print name of sole proprietor, partner, LLC member or corporate officer*)

(_____)_____
 Phone number

 Signature (*Required*)

 Date (*Required*)