



CERTIFIED LEAD BASED PAINT RENOVATION CERTIFICATION APPLICATION

Office location:

201 High St SE, Suite 600
Salem, OR 97301

Mailing address:

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

Board website:

www.oregon.gov/ccb

Questions?

Email ccb.info@ccb.oregon.gov or call (503) 378-4621

LBPR CERTIFICATION APPLICATION INSTRUCTIONS

In order to issue your LBPR certificate, you must be associated with an Active CCB license. If you need to apply for a CCB license, review the application instructions and how to apply online [here](#).

READ INSTRUCTIONS CAREFULLY. Submit the following documents as one complete packet to the CCB for certification:

☐ **LBPR Application**

☐ **Payment Information**

☐ **Renovation, Repair & Painting (RRP) Certificate** (*attach to application*)

This is the certificate from an approved provider that includes a photo and a certificate number. The certificate may be paper or a laminated card. If you have the card, please submit a copy of both sides. For information on classes, you may view a list of approved providers on the CCB website or contact the [Oregon Health Authority](#) via email at leadprogram@odhsoha.oregon.gov.

BUSINESS INFORMATION:

Enter the name of the entity as listed on your CCB License. This includes the full legal name of the sole proprietor, partnership, corporation, or LLC. Do not include Assumed Business names here.

RENOVATION, REPAIR, & PAINTING (RRP) CERTIFICATE HOLDER INFORMATION:

List the full legal name of the individual (person) certificate holder and identify if they are an owner or an employee. Only one RRP certificate holder is required, but you can have more than one.

SIGNATURE:

The application must be signed by the owner of the CCB license (Sole Proprietor, Partner, General Partner, Corporate Officer or Member) and the RRP Certificate Holder.

METHOD OF PAYMENT

The application fee is \$50 and is non-refundable. This fee covers administrative costs for processing your application. Please submit the application fee with your application packet.

The Board accepts debit and credit card payments, ACH, check, and money order.

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 Certified Lead Based Paint Renovation (LBPR)

FEE: \$ 50.00



Important: Read the application instructions carefully before completing this form. Personal information provided on this application will be used to conduct background checks. Incomplete applications cannot be processed.

If you wish to pay by check or money order, please complete all required areas of this paper application, attach additional document(s) as necessary, and include your check prior to submission.

1 BUSINESS INFORMATION

Legal Business Name (LLC, Corporation, Partnership, or Sole Proprietor) _____

CCB License # _____

If you wish to update your CCB contact information, please login to your [CCB portal account](#).

If your CCB business name has changed, please submit an [Address/Business Name Change Request](#) form.

2 RENOVATION, REPAIR, AND PAINTING CERTIFICATE HOLDER

Print **Full Legal Name** of RRP holder(s) currently associated with your CCB license:

Legal *first* name _____

Legal *middle* name (or N/A) _____

Legal *last* name(s) _____

☐ Owner or
☐ Employee*

Legal *first* name _____

Legal *middle* name (or N/A) _____

Legal *last* name(s) _____

☐ Owner or
☐ Employee*

You must submit a copy of the RRP Certificate for the certificate holder(s) listed above. Note: A licensee may associate more than one RRP holder.

If you designate your RRP Certificate Holder as an employee, your CCB license **must be Non-Exempt (with employees) and have a valid Workers Compensation policy.*

3 SIGNATURES

I certify that I have read and will comply with ORS 431A.355, 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 (CCB Owner/Partner/Officer/Member making the request) *Required* _____

Date _____

Signature (RRP Certificate Holder) *Required* _____

Date _____

PAYMENT INFORMATION

Please read the application instructions carefully prior to submitting the application and payment to the Board. 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** 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

**Applications are not processed in-person.
Please allow 6-8 weeks for processing.**

FOR OFFICE USE ONLY

AMOUNT PAID

APPROVAL CODE

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