



# **LIMITED LIABILITY PARTNERSHIP (LLP) or LIMITED PARTNERSHIP (LP)**

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## **FLAGGING CONTRACTOR LICENSE APPLICATION**

**Office location:**

201 High St SE, Suite 600  
Salem, OR 97301

**Mailing address:**

PO 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) FLAGGING CONTRACTOR LICENSE APPLICATION INSTRUCTIONS

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## READ INSTRUCTIONS CAREFULLY

You must submit the following documents as one complete packet to the CCB for licensure:

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**Application Form**

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**Payment Information**

The application fee for a CCB license will change from \$325 to \$400 beginning July 1, 2025.

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**Construction Flagging Contractor Surety Bond**. Do not submit separately.

**LP:** Must include the exact name of all general partner(s), limited partners, and ABN(s) as filed with the Secretary of State's Corporation Division. The Limited Partnership and any ABN must match the SOS website.

**LLP:** Must include the exact name of all partners and limited liability partnership as filed with the Secretary of State's Corporation Division. The Limited Liability Partnership and any ABN must match the SOS website.

- ABN's do not need to be listed

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**Certificate of Liability Insurance**. Do not submit separately.

**LP:** Must include the exact name of all general partner(s), limited partnership, and ABN(s) as filed with the Secretary of State's Corporation Division. An individual's full legal name or entity name must match the SOS website.

- Limited Partners do not need to be listed

**LLP:** Must include the exact name of all partners and limited liability partnership as filed with the Secretary of State's Corporation Division. An individual's full legal name or entity name must match the SOS website.

- ABN's do not need to be listed

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**Organization Chart** – Required only if an entity is a partner. This chart must clearly identify each association for each owner/member/officer/partner and include their full legal name, date of birth, social security number, and driver's license information for all individuals.

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**Social Security Number / Disclosure for Foreign Applicants.** Per OAR 812-003-0260, all associated partners are required to provide their social security number. Each partner that does not have a social security number must sign this section.

## PARTNERS

**LP:** Must designate a General Partner(s) and any Limited Partner(s), if applicable.

**LLP:** Do not have General or Limited Partners.

## ASSUMED BUSINESS NAME(S)

An Assumed Business Name (ABN) is a business name that must be registered with the State of Oregon Secretary of State (SOS) Corporation Division as an assumed business name. All assumed business names must be registered at the Oregon SOS. Contact the Oregon SOS to register your business name(s).

## **WORKERS COMPENSATION**

- If you are Non-exempt (have employees) you must provide the name and policy number of your Workers Compensation carrier.
- If you selected a commercial endorsement without employees, you must provide, on the application form, Personal Election Workers Compensation coverage.
- All Exempt classes (no employees) must complete the Exempt Workers Compensation Status Declaration section of this application.

For more information about workers compensation, talk to an insurance agent or visit the [Oregon Workers Compensation Division](#) website. To learn more about who is exempt and non-exempt look [here](#).

## **CRIMINAL BACKGROUND**

Providing incomplete or inaccurate information may delay or prevent approval of your license request. The CCB has the authority to do a criminal history check on all applicants and any personal information provided may be used for that purpose.

## **SOCIAL SECURITY NUMBER / DISCLOSURE FOR FOREIGN APPLICANTS**

This section is required for all applicants. You will either sign attesting to the accuracy of your social security number, or you will sign and declare that you have never had a social security number issued to you by the United States Social Security Administration in the no social security section of this application.

## **METHOD OF PAYMENT**

The application fee is non-refundable. This fee covers administrative costs for processing your application. Please submit application fee with your application packet.

The Board accepts debit and credit card payments, check, and money order. Credit card payments may be made using VISA, MasterCard, or Discover and submitted online. This is the preferred and quickest submission method. Payments made by check 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**

# Flagging Contractor License Application For Limited Liability Partnership (LLP) or Limited Partnership (LP)

FEE: **\$ 325.00** (if received by 6/30/25)

**\$ 400.00** (beginning 7/1/25)



**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.**

Complete all required areas of the application, attach additional document(s) as needed, and include payment information prior to submission.

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

☐ ENF ☐ RBO ☐ CBO ☐ SOS

Cross Ref \_\_\_\_\_

Test \_\_\_\_\_ **CCB USE ONLY**

## 1 BUSINESS ENTITY INFORMATION – The owner must be 18 years or older

LLP/LP Business **Name** (exactly as filed with SOS Corporation Division)

OR Corporate Registry # \_\_\_\_\_

Business **Email** Address \_\_\_\_\_

Business **Phone** Number \_\_\_\_\_

LLP/LP **Mailing** Address \_\_\_\_\_

The mailing and physical address  
are the same: ☐ YES ☐ NO

City \_\_\_\_\_

State \_\_\_\_\_

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

County \_\_\_\_\_

LLP/LP **Physical** Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

## 2 OWNERSHIP INFORMATION

### A) Limited Partnership (LP)

**General Partner** FULL First Name \_\_\_\_\_

FULL Middle Name \_\_\_\_\_

FULL Last Name \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License # \_\_\_\_\_

Issuing State \_\_\_\_\_

### B) Limited Partnership (LP)

**Limited Partner** FULL First Name \_\_\_\_\_

FULL Middle Name \_\_\_\_\_

FULL Last Name \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License # \_\_\_\_\_

Issuing State \_\_\_\_\_

**Limited Partner** FULL First Name \_\_\_\_\_

FULL Middle Name \_\_\_\_\_

FULL Last Name \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License # \_\_\_\_\_

Issuing State \_\_\_\_\_

...section continued from previous page

**C) Limited Liability Partnership (LLP)**

_____ <b>Partner</b> FULL First Name		_____ FULL Middle Name		_____ FULL Last Name	
_____ Date of Birth (MM/DD/YYYY)		_____ Social Security Number		_____ Driver's License #	
_____ Issuing State					
_____ <b>Partner</b> FULL First Name		_____ FULL Middle Name		_____ FULL Last Name	
_____ Date of Birth (MM/DD/YYYY)		_____ Social Security Number		_____ Driver's License #	
_____ Issuing State					
_____ <b>Partner</b> FULL First Name		_____ FULL Middle Name		_____ FULL Last Name	
_____ Date of Birth (MM/DD/YYYY)		_____ Social Security Number		_____ Driver's License #	
_____ Issuing State					
_____ <b>Partner</b> FULL First Name		_____ FULL Middle Name		_____ FULL Last Name	
_____ Date of Birth (MM/DD/YYYY)		_____ Social Security Number		_____ Driver's License #	
_____ Issuing State					

*\*You must complete the above information for all partners per OAR 701-046. If necessary, attach an additional page to list all officers or members. \*If a member is another entity, please include a complete organizational structure chart with the information requested above.*

### 3 FAMILY RELATIONSHIP IDENTIFICATION

If you have three or more partners, including general and limited, and they are all part of the same family, please list their full legal name(s) below:

Self _____	Spouse _____
Son(s) _____	Daughter(s) _____
Son(s)-in-law _____	Daughter(s)-in-law _____
Brother(s) _____	Sister(s) _____
Parents _____	Grandchildren _____

*\*If this is an all-family partnership the business may be exempt from workers compensation insurance. However, if the family relationship is not listed above (cousins, aunts, uncles, etc.) then your business is nonexempt, and workers' compensation must be provided.*

**4 BUSINESS NAME & ASSUMED BUSINESS NAME(S) – If applicable**

An Assumed Business Name (ABN) is a business name that must be registered with the State of [Oregon Secretary of State \(SOS\) Corporation Division](#) as an assumed business name. All assumed business names must be registered at the Oregon SOS.

\_\_\_\_\_  
Assumed Business Name (*if applicable*)

\_\_\_\_\_  
ABN Registry Number

\_\_\_\_\_  
Assumed Business Name (*if applicable*)

\_\_\_\_\_  
ABN Registry Number

**5 EMPLOYER ACCOUNT INFORMATION – If you have employees**

Oregon Business Identification Number (BIN): \_\_\_\_\_

- Required if the business has employees
- It is not the Social Security Number of the Business Registry Number
- For more information contact the [Oregon Department of Revenue](#) (DOR)

Federal Employer Identification Number (EIN): \_\_\_\_\_

- Required if the business has employees
- It is not the Social Security Number or the Business Registry Number
- For more information contact the [Internal Revenue Service](#) (IRS)

**6 WORKERS COMPENSATION***Exempt = No employees**Non-exempt = Yes employees*

1. Do you have Employees? ☐ YES ☐ NO\*
- If using leased employees from a leasing company, check "YES"
2. Do you have three or more officers, members or trustees who are not all immediate members of the same family? ☐ YES ☐ NO\*

If you answered "YES", you must provide **Workers Compensation** Insurance:

\_\_\_\_\_  
Workers Compensation Policy Carrier

\_\_\_\_\_  
Policy Number

*\*If you answered "NO" to all questions, you must complete the Exempt Declaration section below.*

**7 EXEMPT WORKERS COMPENSATION STATUS DECLARATION\***

*\*Required ONLY for Exempt Independent Contractor Class*

The license applicant below has filed their CCB license application as an exempt independent contractor class, meaning it will not hire employees. If the applicant decides to hire employees, the applicant understands that Oregon law requires it to:

1. Comply with workers compensation laws and maintain a workers compensation insurance policy as long as the application is an employer.
2. Provide the Carrier name and policy number
3. Notify the CCB of the change to its workers compensation status to nonexempt **before** hiring employees by submitting a [Change My Workers Compensation Status](#) form, or changing its status in their [Online Services Account](#). There is no fee to make this change.

By signing this document, the applicant certifies that it will change their workers compensation status to nonexempt with the CCB **before** hiring any employees. It will also provide the name of its workers compensation policy carrier and policy number.

*ORS 701.035(3) states: (3) If a person who is licensed as exempt under subsection (2)(b) of this section hires one or more employees, utilizes one or more workers supplied by a worker leasing company or falls into any of the categories set out in subsection (2)(a)(B) of this section, the person is subject to penalties under ORS 701.992 (Civil penalties and other sanctions) for improper licensing. If a person who is licensed as exempt under subsection (2)(b) of this section hires one or more employees, or utilizes one or more workers supplied by a worker leasing company, the person is also subject to licensing sanctions under ORS 701.098 (Grounds for discipline). The person must reapply to the Board in the correct class.*

\_\_\_\_\_  
Business Entity or Applicant Name

\_\_\_\_\_  
Signature **REQUIRED if exempt**

\_\_\_\_\_  
Date

**8 CONSTRUCTION DEBT / LICENSE HISTORY**

1. Check the appropriate box(es) below if any person listed on this application has any of the following:

- ☐ **Neither the business, nor any person listed in the application, have any outstanding construction debt obligations, OR**
- ☐ A final unpaid order has been issued by the Construction Contractors Board.
- ☐ A final, unpaid court judgement, a final unpaid arbitration award or a final unpaid civil penalty arising from the construction activities within the United States.
- ☐ A final unpaid court judgement or final unpaid civil penalty arising from failure to maintain workers compensation insurance or pay workers compensation awards.
- ☐ An amount is owed to employees of a construction contracting business for unpaid wages.

2. Has any person listed on this application had a contractor license refused or revoked in another state?

☐ **NO**      ☐ **YES**      If yes, what State? \_\_\_\_\_

If yes, list applicant(s) Full Name: \_\_\_\_\_

*\*Additional documentation may be requested*

**9 CRIMINAL BACKGROUND**

Has any person listed on this application been indicted for or convicted of any of the following crimes?

☐ **NO**      ☐ **YES**      If yes, list applicant(s): \_\_\_\_\_

	Date	State	County		Date	State	County
<input type="checkbox"/> Murder	_____	_____	_____	<input type="checkbox"/> Robbery 1	_____	_____	_____
<input type="checkbox"/> Assault 1	_____	_____	_____	<input type="checkbox"/> Theft 1	_____	_____	_____
<input type="checkbox"/> Kidnapping	_____	_____	_____	<input type="checkbox"/> Arson 1	_____	_____	_____
<input type="checkbox"/> Sexual abuse	_____	_____	_____	<input type="checkbox"/> Theft by Extortion	_____	_____	_____
<input type="checkbox"/> Rape, Sodomy or Unlawful Sexual Penetration	_____	_____	_____		_____	_____	_____

If you are under court-ordered supervision, parole or probation, please provide the name and contact information for your parole/probation officer.

\_\_\_\_\_  
Parole/Probation Officer Name

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

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

*NOTE: Providing incomplete or inaccurate information may delay or prevent approval of your license request. The CCB has the authority to do a criminal history check on all applicants and any personal information provided may be used for that purpose.*



**10 INDEPENDENT CONTRACTOR CERTIFICATION**

All applicants must certify that their business activities will be performed in compliance with Oregon's independent contractor law (ORS 670.600).

At all times while conducting business as a CCB Licensee:

1. The applicant will be free from a client's direction and control over the means and manner of providing the services. The applicant is subject only to the right of the client, for whom the services are provided, to specify the desired results of the work.
2. The applicant will be customarily engaged in an independently established business by at least three of the following criteria:
  - a) Maintaining a business location that is separate from the business or work location for whom the services are provided; or that is in portion of the applicant's residence and that portion is used primarily for the business.
  - b) Bearing the risk of loss related to the business or provision of services as shown by factors such as: entering into fixed-price contracts; a requirement to correct defective work; warranties the services provided or the applicant negotiates indemnification agreements or purchases liability insurance performance bonds or errors and omissions insurance.
  - c) Providing contract services for two or more different persons within a 12 months period, or routinely engaging in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to provide similar services.
  - d) Making significant investment in the business, through means such as: purchasing tools or equipment necessary to provide the services; paying for the premises or the facilities where the services are provided; or paying for the licenses, certificates or specialized training required to provide the services.
  - e) Having the authority to hire other persons to provide or to assist in providing the services and has the authority to fire those persons. Contractors hiring employees must be licensed under the non-exempt class of independent contractor and carry proper workers compensation insurance to protect subject workers.
3. The applicant will maintain an active license with the CCB in accordance with ORS 701 while performing construction activities.
4. The applicant is responsible for obtaining other licenses or certifications necessary to provide the construction services.

☐ **YES**, I certify to all the above items.

## 11 CERTIFICATION & SIGNATURE(S)

- I certify to the truth and accuracy of all statements, answers and representations made in the foregoing application, including all supplementary statements. I further acknowledge that knowingly supplying false information on the application is a Class A Misdemeanor punishable by law.
- For as long as this license is in effect, the applicant will continue to carry the required liability insurance and surety bond.
- Effective the date of this application, if the applicant hires employees, the applicant is required to comply with workers compensation laws and will maintain a workers compensation insurance policy as long as the applicant is an employer.
- If the Responsible Managing Individual (RMI) or qualifying individual leaves the business, the applicant will notify the CCB in writing immediately and will provide CCB with a new RMI or qualifying individual's name using the [RMI Change form](#).
- The applicant will operate as an independent contractor per ORS 670.600.
- The applicant understands that any and all information regarding their license may be shared with other government agencies.
- The applicant must remain in compliance with the terms of this license. Failure to do so could result in a civil penalty of up to \$5,000 per offense and/or license suspension or revocation.
- If this business incurs a construction debt that it does not pay, the individual(s) understands that they may be prohibited from serving as an owner, officer, or RMI of another license applicant until that construction debt is satisfied, paid, or discharged.
- The applicant understands that signing below as an owner, partner, corporate officer, LLC member, trustee, or RMI of this application; he/she will be held liable for the licensee's compliance with all applicable statutes and rules.
- Any personal identifying information may be used to conduct background screenings on all applicants.

By signing below, I certify that I have read and understand the statements listed above.

_____ Signature of General Partner	_____ Printed Name	_____ Date
_____ Signature of Partner	_____ Printed Name	_____ Date
_____ Signature of Partner	_____ Printed Name	_____ Date
_____ Signature of Partner	_____ Printed Name	_____ Date

**NOTE: ALL partners must sign the application**

*If necessary, you may attach an additional page to list additional partners.*

**12 SOCIAL SECURITY NUMBER / DISCLOSURE FOR FOREIGN APPLICANTS**

*If you were issued a Social Security Number by the United States Social Security Administration, you may skip this section.*

**Declaration of Social Security Number**

As part of your application for an initial license and certifications, issued by the Oregon Construction Contractors Board, you are required to provide your Social Security Number to this agency. The authority for this requirement is Oregon Revised Statute (ORS) 25.785, ORS 701.046, and 42 USC § 666(a)(13) (Federal Law). Failure to provide your Social Security Number will be a basis to deny the certificate or license you seek. Your Social Security Number may be shared with other authorities only for tax administration, debt collection, and child support enforcement purposes.

By signing this application, on the previous page, each owner, officer, member acknowledge the disclosure of their Social Security Number and it's use by the Construction Contractor Board for the purposes stated above.

*If you were issued a Social Security Number by the United States Social Security Administration, you may skip this section.*

**Disclosure of NO Social Security Number**

As part of your application for license or certifications, issued by the Oregon Construction Contractors Board, you are required to provide your Social Security Number to this agency if such a number has ever been issued to you. **If a member, officer, or owner has not been issued a social security number then the section below must be signed pursuant to ORS 25.785.**

Your signature(s) below serves as your declaration that you **have not been issued a Social Security Number** by the United States Social Security Administration.

\_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
Signature to declare NO ISSUANCE OF SSN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
Signature to declare NO ISSUANCE OF SSN

\_\_\_\_\_  
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 **\$325** (until 6/30) **\$400** (starting 7/1/25) 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 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

**\$325 (if received by 6/30/25)****\$400 (beginning 7/1/25)**

APPROVAL CODE