



## **LEAD INSPECTION OR ABATEMENT LICENSE APPLICATION**

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**Office location:**

201 High St SE, Suite 600  
Salem, OR 97301

**Mailing address:**

P.O. 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) LICENSE APPLICATION INSTRUCTIONS

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**You must have a current, active CCB license to apply.**

Submit the following documents as one complete packet to the CCB for licensure:

- Application Form** (pages 3)
- Payment Information** (page 4)
- Lead Supervisor:** A copy of the Business Public Health Division Certification issued by the Oregon Health Authority.
- Lead Inspector or Risk Assessor:** A copy of the Business Public Health Division Certification issued by the Oregon Health Authority **AND** a copy of both sides of the Photo ID Badge issued by the Oregon Health Authority.

## METHOD OF PAYMENT

The application fee is \$50 and is non-refundable. This fee covers administrative costs for processing your application.

The Board accepts debit and credit card payments, check, and money order. Credit card payments may be made using VISA, MasterCard, or Discover and sent via our secure fax at (503) 373-2155. Check payments 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**

# License Application for Lead Inspection or Abatement Contractors License

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

**CCB USE ONLY**



FEE: \$ 50

**Important:** Read the application instructions carefully before completing this form. Complete all required areas of the application, attach additional document(s) as needed, and include payment. Personal information provided on this application will be used to conduct background checks. **Incomplete applications cannot be processed.**

## 1 APPLICANT INFORMATION

Full Legal Name (*Sole Proprietor, Partnership(s), Corporation, or LLC*) \_\_\_\_\_

CCB License Number \_\_\_\_\_

Business **Mailing** Address \_\_\_\_\_

The mailing and physical address are the same:  YES  NO

City \_\_\_\_\_

State \_\_\_\_\_

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

County \_\_\_\_\_

Business **Physical** Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

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

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

## 2 LEAD SUPERVISOR (ABATEMENT LICENSE)

Full Legal Name of Lead Inspector or Lead Risk Assessor \_\_\_\_\_

Owner

Employee

CCB Lead License Number 915-\_\_\_\_\_

(Attach separate sheet for additional names)

## 3 LEAD INSPECTOR/RISK ASSESSOR (INSPECTION LICENSE)

Full Legal Name of Lead Inspector or Lead Risk Assessor \_\_\_\_\_

Owner

Employee

CCB Lead License Number 915-\_\_\_\_\_

(Attach separate sheet for additional names)

## 4 SIGNATURES

By signing below, I certify that I have read and will comply with ORS 431.920, 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 (*Sole Proprietor, Partner, Corporate Officer or Member*) \_\_\_\_\_

Date \_\_\_\_\_

Signature (*Lead Supervisor*) \_\_\_\_\_

Date \_\_\_\_\_

