



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

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## 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) LICENSE APPLICATION INSTRUCTIONS

## READ INSTRUCTIONS CAREFULLY

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

**Application Form** (pages 5-14)

**Payment Information** (page 16)

**Surety Bond** (2-page document). Do not submit separately.

- a. Page 1 is the Bond
- b. Page 2 is the Power of Attorney

**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. The Limited Partnership and any ABN 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. The Limited Liability Partnership and any ABN must match the SOS website.

- ABN's do not need to be listed

**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

**Proof of passing the [Oregon Contractor Exam](#)**

**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.

**Social Security Number / Disclosure for Foreign Applicants** (page 15). 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) or call (503) 986-2200.

## **ENDORSEMENTS**

Contractors must carry the proper [endorsement](#) for the type of structures they work on. In selecting the correct endorsement, you will need to know such information as whether you will just work on residential or commercial structures, or whether you will work on both. If you are unsure of what endorsement(s) to select, see the [Endorsement Chart](#) on the Board website.

If you are endorsed as a residential specialty contractor, for example, and decide to bid on a large commercial project, you must change your license to carry both endorsements.

## **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](#).

## **RESPONSIBLE MANAGING INDIVIDUAL & PRE-LICENSE TRAINING AND TEST**

Most endorsements are required to have a Responsible Managing Individual (RMI). The RMI may be a partner or employee of the business applying for the license. The RMI must have management or supervisory authority over the construction activities of the business.

You can find a list of approved pre-license educators on the Board website [here](#). Once you have taken the training, you will be directed to take the test from your [pre-license training provider](#).

## **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 \$325 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 Limited Liability Partnership (LLP) or Limited Partnership (LP)

(Residential, Commercial or DUAL Endorsement)

License No. _____
<input type="checkbox"/> ENF <input type="checkbox"/> RBO <input type="checkbox"/> CBO <input type="checkbox"/> SOS
Cross Ref _____
Test _____ <b>CCB USE ONLY</b>



**FEE: \$ 325.00**

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

## 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 <b>Email</b> Address		Business <b>Phone</b> Number	
LLP/LP <b>Mailing</b> Address		The mailing and physical address are the same: <input type="checkbox"/> YES <input type="checkbox"/> NO	
City	State	Zip Code	County
LLP/LP <b>Physical</b> Address	City	State	Zip

## 2 OWNERSHIP INFORMATION

### A) Limited Partnership (LP)

<b>General 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) Limited Partnership (LP)

<b>Limited 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>Limited 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

...section continues the next page

Business Name: \_\_\_\_\_

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

\_\_\_\_\_  
**Partner** FULL First Name                      FULL Middle Name                      FULL Last Name

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)                      Social Security Number                      Driver's License #                      Issuing State

\_\_\_\_\_  
**Partner** FULL First Name                      FULL Middle Name                      FULL Last Name

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)                      Social Security Number                      Driver's License #                      Issuing State

\_\_\_\_\_  
**Partner** FULL First Name                      FULL Middle Name                      FULL Last Name

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)                      Social Security Number                      Driver's License #                      Issuing State

\_\_\_\_\_  
**Partner** 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** ENDORSEMENT(S)

RMI = Responsible Managing Individual

CH = Certification Holder

- Select appropriate endorsement for either Residential, Commercial or Dual Endorsement.
- If applying for DUAL Endorsement, select the appropriate endorsement for BOTH.
- If you are unsure of what endorsement(s) to select, see the [Endorsement Chart](#).

**Residential Endorsement** – You may only select **ONE** residential endorsement

- Residential General Contractor (RGC) – Requires RMI
- Residential Specialty Contractor (RSC) – Requires RMI
- Residential Limited Contractor (RLC) – Requires RMI
- Residential Developer (RD) – No RMI required
- Home Services Contractor (HSC) – No RMI required
- Restoration Contractor (RRC) – No RMI required
- Home Inspector Services Contractor (HISC)  
(No RMI required. Requires CH & [Home Inspector Certification Application](#) prior to issuing CCB Number/License)

\_\_\_\_\_  
List Certification Holder Name\_\_\_\_\_  
Certification Number

- Home Energy Performance Score Contractor (HEPSC)  
(No RMI required. Requires CH & [Home Energy Assessor Application](#) **with** this CCB license application)

\_\_\_\_\_  
List Certification Holder Name

- Residential Locksmith Services Contractor (RLSC)  
(No RMI required. Requires CH & [Locksmith Certification](#) Application prior to issuing CCB Number/License)

\_\_\_\_\_  
List Certification Holder Name\_\_\_\_\_  
Certification Number**Commercial Endorsement** – You may only select **ONE** commercial endorsement

- Commercial General Contractor Level 1 – Requires RMI
- Commercial General Contractor Level 2 – Requires RMI
- Commercial Specialty Contractor Level 1 – Requires RMI
- Commercial Specialty Contractor Level 2 – Requires RMI
- Commercial Developer – No RMI required



**7 WORKERS COMPENSATION**

- |  |                            |                              |                              |
|--|----------------------------|------------------------------|------------------------------|
| Exempt = No employees  | Non-exempt = Yes employees |                              |                              |
| 1. Do you have Employees?  |                            | <input type="checkbox"/> YES | <input type="checkbox"/> 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? |                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO* |

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

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

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

- |   |                              |                              |
|---|------------------------------|------------------------------|
| 3. Are you applying for a commercial endorsement? | <input type="checkbox"/> YES | <input type="checkbox"/> NO* |
|---|------------------------------|------------------------------|

If you answered "YES", and you have no employees, you must provide **Personal Election Workers Compensation** coverage:

\_\_\_\_\_  
Personal Election Policy Carrier

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

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

**8 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

**9****CERTIFICATION OF EXPERIENCE FOR COMMERCIAL CONTRACTORS**

Commercial General and Commercial Specialty Level 1 or 2 applicants must certify that their Key Employee(s) have the appropriate amount of construction experience. A “Key” Employee is an owner or employee who is a Corporate Officer, Manager, Superintendent, Lead person or other person who exercises management or supervisor authority over the construction activities of the business.

If you selected: **Commercial General Contractor or Commercial Specialty Contractor – Level 1** endorsement

- Check this box to certify that your Key Employee(s) have eight (8) years total construction experience as defined below.

If you selected: **Commercial General Contractor or Commercial Specialty Contractor - Level 2** endorsement

- Check this box to certify that your Key Employee(s) have four (4) years total construction experience as defined below.

How many key employee(s) does your company have? \_\_\_\_\_

Key Employee(s) must have:

1. Experience gained as a licensed contractor, journeyman, foreperson, supervisor or as any other employee engaged in construction work for a licensed contractor.
2. The following may substitute for up to a maximum of three (3) years of experience:
  - Completion of an apprenticeship program
  - A bachelor’s degree in a construction related field
  - A bachelor’s degree or master’s degree in business, finance or economics
  - An associate degree in construction or building management

**10 RESPONSIBLE MANAGING INDIVIDUAL (RMI) & PRE-LICENSE TRAINING AND TEST**

You may skip this section if you are applying with any of the following endorsements. **All other Residential or Commercial endorsements are required to have an RMI.**

- Residential or Commercial Developer
- Home Inspector Services Contractor
- Residential Restoration Contractor
- Residential Locksmith
- Home Energy Performance Contractor

Most licenses must have an RMI at all times, and may be an owner, officer, partner, or employee of the business applying for the license. The RMI must manage or supervise the construction activities of the business by participating in (1) the administration or construction contracts; or (2) the administration of the day-to-day operations.

To qualify as an RMI you must:

1. Complete the 16-hour pre-license training and pass the Oregon contractor exam, **OR**
2. Passed the NASCLA national exam **and** pass the Oregon contractor exam, **OR**
3. Provide one or more license number(s) that the owner or RMI has been continuously associated with during the time period before July 1, 2000, until the date of this application with no lapse of more than 24 months.

\_\_\_\_\_  
RMI Full Legal First Name

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

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

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

\_\_\_\_\_  
Last 4 digits of Social Security #

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

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

The RMI is an:  Owner  Employee

Attach a copy of the Pre-License score report OR provide the CCB license number that the RMI has continuously been associated with: \_\_\_\_\_

***As the RMI, I certify that:***

I have management or supervisory authority over the construction activities of the business; and if this business incurs a construction debt that it does not pay, I understand that I may be prohibited from serving as an owner, officer, or RMI of another CCB license until that construction debt is satisfied, paid, or discharged.

\_\_\_\_\_  
Signature of Responsible Managing Individual **REQUIRED**

\_\_\_\_\_  
Date

**11 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*

**12 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.*

**13** 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.

**14 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 and RMI must sign the application**  
*If necessary, you may attach an additional page to list additional partners.*

**15 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, each partner acknowledges the disclosure of their Social Security Number and its use by the Construction Contractor Board for the purposes state 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 partner has not been issued a social security number then an alternative form 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.

Partner's Full Legal Name	
Signature to declare NO ISSUANCE OF SSN	Date

Partner's Full Legal Name	
Signature to declare NO ISSUANCE OF SSN	Date

**PAYMENT INFORMATION**

A complete application must be submitted at the time of payment. Please read the application instructions carefully prior to submitting the application and payment to the Board’s office. 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** license application fee 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:

<u>Regular Mail:</u>	<u>Priority Mail:</u>
P.O. BOX 14140	201 High St SE, Ste. 600
Salem, OR 97309-5052	Salem, OR 97301

Questions?? If you need assistance, please contact the CCB at (503) 378-4621.

**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

  
  
  
  

APPROVAL CODE