

# LEAD BASED PAINT ACTIVITIES LICENSE APPLICATION

### 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

### Questions?

Email <a href="mailto:ccb.info@ccb.oregon.gov">ccb.info@ccb.oregon.gov</a> or call (503) 378-4621

## CONSTRUCTION CONTRACTORS BOARD (CCB) LICENSE APPLICATION INSTRUCTIONS

Submit the fo	llowing documents as <u>one complete packet</u> to the CCB for licensure:					
	Application Form (pages 3)					
	Payment Information (page 4)					
	Copy of Business Public Health Division Certification(s): This is the certification received from the Oregon Health Authority (OHA), Public Health Division, for your specific type of activities.					
	<b>Copy of Oregon Health Division Photo ID Badge:</b> This is the Photo ID Badge received from the OHA, Public Health Division.					
	Fee (each):					
	• \$50 – Inspector					
	• \$50 – Supervisor					
	• \$50 – Risk Assessor					
	• \$25 - Worker					

#### **APPLICANT INFORMATION**

<u>Name of business you own or are employed by and CCB number</u>: Per OAR 812-007-0100 — No individual shall offer to perform or perform LBP activities in target housing or child-occupied facilities without first receiving certification from the Department and a license from the board, unless such individual is exempt from the boards licensing requirements.

(If you are exempt from licensing with the CCB please contact the Oregon Health Authority.)

#### METHOD OF PAYMENT

The application fee is \$50 per license activity 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 Based Paint Activities

License No.							
CCB USE ONLY							



FEE: \$ 50 (minimum)

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

1 APPLICANT INFORMATIO	N					
Legal <i>First</i> Name	 Legal	Legal <i>Middle</i> Name		 Legal <i>Last</i> Name		
	I am the O	wner or 🗌 Emp	oloyee			
Name of Business Entity you own	by	CCB License Number				
Email Address			Phone Number			
Mailing Address	; Address		The mailing and physical address are the same: YES NO			
City	State	Zip Code	Count	у		
Physical Address (if different)		City	State	Zip		
2 TYPE OF LEAD BASED PA	INT ACTIVITIES	LICENSE				
□ Inspector □	_	apply. \$50 per activi	,	Morkor		
☐ Inspector ☐ Risk Assessor ☐ Supervisor ☐ Worker  Note: Applicant must include OHA certification(s) for each selected activity.						
	mast merade on.	A certification(3) for t	eden sereeted detivit	y.		
3 SIGNATURE						
By signing below, I certify that I har rules adopted pursuant thereto. It is complete and accurate to the be	also certify that	the information and				
 Applicant Signature - <i>Required</i>			 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 \$50.00 (per license activity) license application fee to be charged to my card.								
☐ VISA ☐ MASTER	CARD	DISCOVER						
Card Number	Expirati	on Date (MM/YY)	CVV (3-digit Code)					
Name as it appears on the card								
Card Holder's Billing Address								
City	State	Zip Cod	de					
Card Holder's Email	Ca	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 secur	e fax at (503)	) 373-2155.						
Payment by Check								
Check or Money Order can be made payable to the "Ore	gon Constru	ction Contractors Bo	oard" or "Oregon CCB'					
Mail the check/money order to the Board office at:  Regular Mail:	Priority 1	Mail·						
P.O. BOX 14140	h St SE, Ste. 600							
Salem, OR 97309-5052	_	OR 97301						
Questions?? If you need assistance, please contact the (	CCB at (503)	FOR OFFIC	E USE ONLY					
378-4621.		AMOUNT PAID						
Applications are not processed in-person. Please allow for processing.	3-4 weeks							
IMPORTANT: Incomplete applications or missing doc will delay the licensing process. Verify the information complete and accurate prior to submitting.		APPROV	/AL CODE					