



## **LEAD BASED PAINT ACTIVITIES 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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Submit the following documents as one complete packet 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.
- Copy of Oregon Health Division Photo ID Badge: 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

*Name of business you own or are employed by and CCB number:* 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 all 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 INFORMATION

_____	_____	_____	
Legal <i>First</i> Name	Legal <i>Middle</i> Name	Legal <i>Last</i> Name	
I am the <input type="checkbox"/> Owner or <input type="checkbox"/> Employee			
_____		_____	
Name of Business Entity you own or are employed by		CCB License Number	
_____	_____		
Email Address	Phone Number		
_____		The mailing and physical address are the same: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Mailing Address			
_____	_____	_____	_____
City	State	Zip Code	County
_____		_____	_____
Physical Address (if different)		City	State Zip

## 2 TYPE OF LEAD BASED PAINT ACTIVITIES LICENSE

Select all that apply. \$50 per activity.

Inspector  Risk Assessor  Supervisor  Worker

Note: Applicant must include OHA certification(s) for each selected activity.

## 3 SIGNATURE

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.

\_\_\_\_\_  
Applicant Signature - **Required** \_\_\_\_\_  
Date

