



LEAD BASED PAINT ACTIVITIES INDIVIDUAL 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 ccb.info@ccb.oregon.gov or call (503) 378-4621

CONSTRUCTION CONTRACTORS BOARD (CCB)

LICENSE APPLICATION INSTRUCTIONS

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

- 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

An application fee is applied per individual 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

Individual License Application for Lead Based Paint Activities

License No. _____

CCB USE ONLY



FEE: \$ 25 or \$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

_____		_____		_____	
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		
_____			_____		
Mailing Address			The mailing and physical address are the same: <input type="checkbox"/> YES <input type="checkbox"/> NO		
_____		_____		_____	
City		State		Zip Code	
_____		_____		_____	
Physical Address (if different)		City		State	
_____		_____		Zip	

2 TYPE OF LEAD BASED PAINT ACTIVITIES LICENSE

Select all that apply. \$50 per activity.

<input type="checkbox"/> Inspector	<input type="checkbox"/> Risk Assessor	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Worker
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\$25 per 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

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*) or \$25.00 (*per worker*) 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:

Regular Mail:

P.O. BOX 14140
Salem, OR 97309-5052

Priority Mail:

201 High St SE, Ste. 600
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