

CONSTRUCTION CONTRACTORS BOARD (CCB) LICENSE APPLICATION INSTRUCTIONS

Skip the paper application and [APPLY ONLINE](#) today!!

Submitting your application online allows for faster submission, instant confirmation of submission, and faster processing times.

READ INSTRUCTIONS CAREFULLY. If you wish to pay by check, you must submit the following documents by mail as one complete packet to the CCB for licensure:

Application

Payment Information

Surety Bond (2-page document for the proper amount in the exact business name listed on your completed and signed application). Do not submit separately.

- a. Page 1 is the Bond.
 - i. **ALL partner's must be listed.** If the partner is a person or individual, list their full, legal name. If the partner is another entity, list the entity name.
- b. Page 2 is the Power of Attorney

Certificate of [Liability Insurance](#) - Do not submit separately.

- a. Certificate **must** list all partners. If the partner is a person or individual, list their full, legal name. If the partner is another entity, list the entity name.

Proof of passing the [Oregon Contractor Exam](#), if applicable.

Organization Structure Chart – Required only if this business is owned by another business. 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. 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.

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 and lists all partners as registrants. 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](#).

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. [Learn more about who is required to carry Workers Comp \(exempt vs non-exempt\).](#)

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. 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.

METHOD OF PAYMENT

The application fee is \$325 and is non-refundable. This fee covers administrative costs for processing your application.

Paying online?

You can submit payments online using VISA, MasterCard, Discover, or ACH/e-Check.

Submitting a paper application?

Pay by check or money order, made payable to Oregon Construction Contractors Board or Oregon CCB.

**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 Partnership or Joint Venture

(Residential, Commercial or DUAL Endorsement)

FEE: \$ 325.00



Important: Personal information provided on this application will be used to conduct background checks. Incomplete applications cannot be processed. **Note that you can now apply for your CCB license and attach any required document(s) [online](#) using a debit/credit card or ACH/e-Check payment! This is the preferred and fastest way to submit your application.** If you wish to pay by check or money order, please complete all required areas of this paper application, attach additional document(s) as necessary, and include your payment.

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

1 ENTITY OWNERSHIP – The owner must be 18 years or older

A) OWNERSHIP INFORMATION*

Partner's FULL First Name	FULL Middle Name	FULL Last Name	
_____	_____	_____	
Date of Birth (MM/DD/YYYY)	Social Security Number	Driver's License #	Issuing State
_____	_____	_____	_____

Partner's FULL First Name	FULL Middle Name	FULL Last Name	
_____	_____	_____	
Date of Birth (MM/DD/YYYY)	Social Security Number	Driver's License #	Issuing State
_____	_____	_____	_____

Partner's 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 or joint venturers per OAR 701-046. If necessary, attach an additional page to list partners. *If a member is another entity, please include a complete organizational structure chart with the information requested above.*

B) BUSINESS ENTITY INFORMATION

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

2 FAMILY RELATIONSHIP IDENTIFICATION

If you have three or more partners 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 non-exempt and workers' compensation must be provided.*

3 BUSINESS NAME & ASSUMED BUSINESS NAME(S)

An Assumed Business Name (ABN) is a business name that is 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 and lists all partners as registrants. Contact the [Oregon SOS](#) to register your business name(s) or call (503) 986-2200.

Assumed Business Name / Joint Venture Name (if applicable)

ABN Registry Number

Assumed Business Name / Joint Venture Name (if applicable)

ABN Registry Number

4 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)

14 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, on the previous page, each owner, officer, member acknowledge the disclosure of their Social Security Number and it's use by the Construction Contractor Board for the purposes stated 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 member, officer, or owner has not been issued a social security number then the section below 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.

_____ Full Legal Name	
_____ Signature to declare NO ISSUANCE OF SSN	_____ Date

_____ Full Legal Name	
_____ Signature to declare NO ISSUANCE OF SSN	_____ Date

PAYMENT INFORMATION

Please read the application instructions carefully prior to submitting the application and payment to the Board's office. Incomplete applications or missing documentation will delay the licensing process. Verify the information provided is complete and accurate prior to submitting.

You may submit payment and your application using ONE of the following options (*please select only one*):

Online Payment by Credit/Debit Card or ACH/e-Check (preferred method)

[APPLY ONLINE](#)

You will be required to complete a licensure application at the time of payment. **The online application submission process is recommended.** If you've prepared your paper application, you can follow the online application to upload the details as well as upload any required documents as a PDF, Word, or Excel document.

*VISA, MASTERCARD, or DISCOVER **ONLY** accepted for credit card payments.*

For card payments, you will be required to enter your card information including cardholder name, card number, expiration date, CVV number and complete billing address.

For **ACH/e-Check payments**, you will be required to enter your checking account information, including bank routing number and checking account number.

Payments are made through a secure portal and all information entered is encrypted.

Payment by Check or Money Order

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

Receipts for credit/debit card and ACH payments: Upon completion of the online application submission and payment process, you will receive confirmation that your application was submitted successfully. An automated email notification will also be sent to the address you entered with the application.

Receipts for Check payments: Your cancelled check is your receipt. If you need more detailed receipt, you may make the request by email to ccb.info@ccb.oregon.gov. The Board will email a receipt to you later.