# REQUEST TO CHANGE
## INDEPENDENT CONTRACTOR LICENSE CLASS

### NAME AND LICENSE NUMBER

<table>
<thead>
<tr>
<th>Name (Print name of licensee)</th>
<th>CCB license number</th>
</tr>
</thead>
</table>

### INDEPENDENT CONTRACTOR LICENSE CLASS CHANGE

I would like to change my class to:  
- [ ] Exempt (no employees)  

**WORKERS COMPENSATION REQUIREMENT FOR EXEMPT COMMERCIAL CONTRACTORS**

- [ ] N/A – Licensee is not a Commercial Contractor

By checking the box below, I certify on behalf of this commercial endorsed licensee that the licensee carries a required workers’ compensation insurance policy that includes personal election coverage.

- [ ] YES - **Personal election insurance carrier name & policy/binder number**

I would like to change my class to:  
- [ ] Nonexempt (have employees) - Please complete 1, 2 & 3 below.

Questions on how to fill out the Combined Employer’s Registration form for the BIN number should be directed to the Oregon Dept. of Revenue at 503-945-8091 option 2. After applying, you will be notified by mail of the assigned BIN number. When you receive the BIN number, please write it in the space provided below.

1. **Oregon Business Identification number (BIN)**  [call 503-378-4988]  
2. **Federal Employer Identification number (EIN)**  [call 1-800-829-4933]  
3. **Workers’ Compensation insurance carrier name & policy/binder number**

Call your insurance agent for help with workers compensation. Note: We cannot accept NCCI.

### SIGNATURE

<table>
<thead>
<tr>
<th>Your Name (Print name of sole proprietor, partner, LLC member or corporate officer)</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature (Required)</td>
<td>Date (Required)</td>
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</tbody>
</table>

[Image of a filled-out form]