# APPLICATION FOR BUSINESS: LEAD INSPECTION OR ABATEMENT CONTRACTORS LICENSE

**Construction Contractors Board**
PO Box 14140
Salem, OR 97309-5052

<table>
<thead>
<tr>
<th><strong>APPLICANT INFORMATION:</strong> (Please type or print neatly using blue or black ink).</th>
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<tbody>
<tr>
<td>Full Legal Name of Sole Proprietor, Partnership, Corporation or LLC</td>
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<tr>
<td><strong>Business Mailing Address</strong></td>
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<tr>
<td><strong>Telephone Number</strong></td>
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### LEAD SUPERVISOR (ABATEMENT LICENSE)

**Full Legal Name of Lead Supervisor**

| CCB Lead License No. 915 ___ ___ ___ ___ | □ Owner | □ Employee |

### LEAD INSPECTOR/RISK ASSESSOR (INSPECTION LICENSE)

**Full Legal Name of Lead Inspector or Lead Risk Assessor**

| CCB Lead License No. 915 ___ ___ ___ ___ | □ Owner | □ Employee |

**Full Legal Name of Lead Inspector or Lead Risk Assessor**

| CCB Lead License No. 915 ___ ___ ___ ___ | □ Owner | □ Employee |

### SIGNATURES

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.

**Signature of Sole Proprietor, Partner, Corporate Officer or Member**

Date

**Signature of Lead Supervisor**

Date

### INCLUDE WITH APPLICATION

- □ Copy of Public Health Division Certification (all applicants) AND Photo ID Badge (Inspectors/Assessors only)
- □ Fee - $50 (make checks payable to the Construction Contractors Board)

### CREDIT CARD PAYMENTS - (Credit card-only customers may fax this application to 503-373-2155)

<table>
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<tr>
<th>Billing Name</th>
<th>Billing Address</th>
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**Amount of Payment**

| $50 |

**Card Number**

**CVV Number**

**Expiration Date**

**Signature of Card Holder**

Date

Office Use Only

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*Lead Inspection Contractor – rev 06/17*
INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR BUSINESS: LEAD INSPECTION OR ABATEMENT CONTRACTORS LICENSE.

You must have a current, active CCB license to apply.

APPLICANT INFORMATION:

Full legal name of sole proprietor, partnership, corporation or LLC:
Enter the name of the entity as listed on your CCB License. Do not include Assumed Business names here.

Business mailing address, telephone, cell phone and email address:
Enter your business mailing address, phone numbers and email address. If these have changed please submit an “Address or Business Change” form.

LEAD SUPERVISOR:
List the full legal name of the individual, list the CCB Individual Lead Supervisor license number, and, identify if they are an owner or an employee.

LEAD INSPECTOR/RISK ASSESSOR:
List the full legal name of the individual, list the CCB Individual Lead Inspection or Lead Risk Assessor license number, and, identify if they are an owner or an employee.

SIGNATURES:
Application must be signed by the owner (Sole Proprietor, Partner, Corporate Officer or Member) AND the Lead Supervisor.

INCLUDE WITH APPLICATION:

Lead Supervisor: A copy of the Business Public Health Division Certification issued by the Oregon Health Authority.

Lead Inspector or Risk Assessor: A copy of the Business Public Health Division Certification issued by the Oregon Health Authority, AND, a copy of both sides of the Photo ID Badge issued by the Oregon Health Authority.

Fee:
$50