APPLICATION FOR INDIVIDUAL:
LEAD BASED PAINT ACTIVITIES LICENSE

Construction Contractors Board
PO Box 14140
Salem, OR 97309-5052
503-378-4621 www.oregon.gov/ccb

APPLICANT INFORMATION: (Please type or print neatly using blue or black ink).

<table>
<thead>
<tr>
<th>Full (Legal) First</th>
<th>Middle Name</th>
<th>Last Name</th>
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<tr>
<th>Business Mailing Address</th>
<th>City, State</th>
<th>Zip Code</th>
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<thead>
<tr>
<th>Telephone Number</th>
<th>Cell Phone Number</th>
<th>Email Address</th>
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Name of Business you own or are employed by

- Owner
- Employee

CCB License No.

TYPE OF LEAD BASED PAINT ACTIVITIES LICENSE (Select all that apply)

- Inspector
- Risk Assessor
- Supervisor
- Worker

SIGNATURE

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: ___________________________ Date: ____________

INCLUDE WITH APPLICATION

- Copy of Public Health Division Certification
- Copy of Public Health Division Photo I.D. Badge
- $50 – Inspector
- $50 – Risk Assessor
- $50 – Supervisor
- $25 – Worker

Make checks payable to the Construction Contractors Board

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

<table>
<thead>
<tr>
<th>Amount of Payment</th>
<th>Card Number</th>
<th>CVV Number</th>
<th>Expiration Date</th>
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- Visa
- Mastercard
- Discover

Signature of Card Holder: ___________________________ Date: ____________

[End of Document]
INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR INDIVIDUAL:
LEAD BASED PAINT ACTIVITIES LICENSE.

APPLICANT INFORMATION:

Full legal name:
Enter the full legal first, middle and last name.

Business mailing address, telephone, cell phone and email Address:
Enter your business mailing address, phone and email address.

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.)

TYPE OF LEAD BASED PAINT ACTIVITIES LICENSE (Select all that apply):
Mark the type of Activities requested. (Must include OHA certifications for all selected)

SIGNATURE:
Application must be signed by applicant.

INCLUDE WITH APPLICATION:

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