



**CONSTRUCTION
CONTRACTORS BOARD**
PO Box 14140
Salem OR 97309-5052
503-378-4621
www.oregon.gov/ccb



ACTIVE LICENSE STATUS REQUEST FORM - \$20 FEE REQUIRED

Name _____
(Print name of licensed entity) _____ CCB License No.

I am requesting that the above license be converted from inactive status **back to active status**. I understand that the above license must comply with all of the following conditions before my license will be converted back to active status:

1. **Do you have a current, active bond on file with the CCB?** Yes No
If you answered "No" you must enclose an original, signed bond(s) with this form. The bond(s) must be in the amount required for your chosen endorsement(s).
2. **Do you have a current, valid Certificate of Insurance on file with the CCB?** Yes No
If you answered "No" you must submit a Certificate of Insurance with this form. The Certificate of Insurance must be in the amount required for your chosen endorsement(s).
3. **Is your business name filed and active at the Oregon Corporation Division?** Yes No N/A
If you answered "No" you must supply evidence that you have an active business registry filing at the Oregon Corporation Division. You may call 503-986-2200 for assistance.
4. **Are the employer account numbers on file still current and active?** Yes No N/A
If you answered "No" you must supply current employer account numbers if your employer status is non-exempt. In addition, you must supply evidence of active workers' compensation coverage.
5. **Did you renew in the inactive status at your last renewal?** Yes No
If you answered "Yes" you must meet the continuing education requirements before your license can be reactivated as defined on page 2. If you are exempt from these requirements, please check the appropriate boxes on page 2.
6. **Are you a commercial contractor with an "exempt" employer status?** Yes No
If you answered "Yes" you must supply evidence that you have obtained personal election workers' compensation coverage.

By signing below, I certify that I have read the above, and that the licensed entity has, and will continue to, comply with each requirement.

Person making request _____
(Please print name of sole proprietor, partner, officer, member or trustee)

Signature _____ Date _____
(Sole proprietor, partner, officer, member or trustee)

Make checks payable to Construction Contractors Board. Please allow 7-10 days for processing.

CREDIT CARD PAYMENTS - Credit card-only customers may fax this application to 503-373-2155.			
Billing Name	Billing Address		
Amount of Payment \$20	Card Number	CVV Number	Expiration Date
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	Signature of Card Holder _____ Date _____		Office Use Only

CONTINUING EDUCATION COMPLETION CONFIRMATION

Residential CE courses must be completed by an owner, officer, RMI or employee.

Commercial CE courses must be completed by an owner, officer, RMI or key employee.

CHECK ONE OF THESE OPTIONS:

- RESIDENTIAL contractor licensed for 6 or more years prior to renewal date – 8 hours required.
- RESIDENTIAL contractor licensed for less than 6 years prior to renewal date – 16 hours required.
- RESIDENTIAL contractor with exemption listed below. (Check appropriate box below.)
- COMMERCIAL contractor – Completed appropriate number of required hours based on number of key employees.
- COMMERCIAL contractor with exemption listed below. (Check appropriate box below.)

Exemptions per OAR 812-020-0070 and OAR 812-022-0021:

Please check the box below that applies to your license, and list the individual's name and license or certification number.

Developer - Residential or Commercial

Electrical contractors (owner, officer or employee) licensed under ORS 479.510 to 479.945

Name: _____ BCD License Number: _____

Plumbing contractors (owner, officer or employee) licensed under ORS 447.040 and chapter 693

Name: _____ BCD License Number: _____

Architects registered under ORS 671.010 to 671.020 – Must be an owner or officer

Name: _____ License Number: _____

Engineers licensed under ORS 672.002 to 672.325 – Must be an owner or officer

Name: _____ License Number: _____

Boiler contractors licensed under ORS 480.510 to 480.670

Name: _____ BCD License Number: _____

Elevator contractors licensed under ORS 479.510 to 479.945

Name: _____ BCD License Number: _____

Limited sign contractors licensed under ORS 479.510 to 479.945

Name: _____ BCD License Number: _____

Pump installation contractors licensed under ORS 479.510 to 479.945

Name: _____ BCD license Number: _____

Renewable energy contractors licensed under ORS 479.510 to 479.945 – Must be an owner or officer

Name: _____ BCD License Number: _____

Landscape contractors licensed under ORS 671.510 to 671.760

Name: _____ LCB License Number: _____

Home inspectors (owner, officer or employee) certified under ORS 701.350 (Residential only)

Name: _____ OCHI Number: _____

Master Builders certified under ORS 455.810 (Residential only)

Name: _____ Certification Number: _____