APPLICATION FOR RESIDENTIAL AND COMMERCIAL LICENSE

Office location:
201 High St SE, Suite 600
Salem, OR 97301

Mailing address:
PO Box 14140
Salem, OR 97309-5052

For assistance call:
503-378-4621

Website address:
www.oregon.gov/ccb

Information email:
ccb.info@state.or.us

HOW TO FILL OUT THE CONSTRUCTION CONTRACTORS BOARD (CCB) LICENSE APPLICATION

- ✓ Complete ***every*** section of the application, using black or dark blue ink (no other colored ink or pencil).
- ✓ This form may ONLY be used to apply for a new license, not to renew an existing license.
- ✓ If you are **sole proprietor**, complete/submit only pages 1-2 & 7-11 ***OR***
- ✓ If your business is a **corporation, limited liability company or trust**, complete/submit only pages 3-4 & 7-11 ***OR***
- ✓ If your business is any type of **partnership or a joint venture**, complete/submit only pages 5-11.
- ✓ Attach the Surety Bond(s) for the proper amount in the ***exact name(s)*** listed on line "A" to your completed and signed application. (Limited partnerships must have the bond in the name of the general partner(s) as well as the limited partnership name.) **Do not submit separately.**
- ✓ Attach a Certificate of Liability Insurance, in the ***exact name*** listed on line "A", naming CCB as the certificate holder, to your completed and signed application. **Do not submit separately.**
- ✓ Submit your completed and signed application, with $250, the original Surety Bond, and the Certificate of Liability Insurance to CCB. Payment must be made by credit card, check, or money order. Cash is not accepted.

All documents – the application, bond and insurance – MUST be submitted together. *Licensing will be delayed* if application is incomplete or documents are missing.

*Who needs a Construction Contractors License?**

***per ORS 701 and OAR 812**

Work that ***does*** require a license:	Work that ***does not*** require a license:
Oregon law requires anyone who works for compensation in any construction activity involving improvements to real property to be licensed with CCB. Examples include: • Roofing • Siding • Painting • Carpentry • Floor covering • Concrete • Heating • Air conditioning • Electrical • Plumbing • Tree servicing • On-site appliance repair • Land development • Home inspection • Most construction and repair services	Some common examples include: • Gutter cleaning • Power and pressure washing for the purpose of cleaning (siding, sidewalks, etc.) • Debris clean up (yard or construction site)

CCB LICENSE APPLICATION

SOLE PROPRIETORSHIP

CCB use only: License No. _____

Eff._____ to _____

☐ ENF ☐CBO ☐ RBO ☐ CORP DV ☐ ABN

☐ NAME CHECK_____

Educ._____ Test _____

ENTITY (OWNERSHIP) The owner must be 18 years or older. All information is *REQUIRED.*

A) _____ _____ _____

Full legal first name **Full legal middle name** **Full legal last name**

_____ _____

Date of birth Social Security number*

_____ _____

Driver's license number State driver's license issued

B) _____

Business ***mailing*** address City State Zip County

_____

Business ***physical*** address City State Zip County

_____/_____ _____/_____ _____

Telephone number Fax number E-mail address

* Your Social Security number is required for CCB licenses and certifications according to ORS 25.785, ORS 701.046, and 42 USC § 666(a)(13). Failure to provide this information will be a basis to deny your application. Your SSN may be shared with other authorities only for tax administration, debt collection, and child support enforcement purposes.

ASSUMED BUSINESS NAMES (IF APPLICABLE)

_____

(Business name**) (ABN registry number if applicable)

_____

(Business name**) (ABN registry number if applicable)

**Contact the Oregon Secretary of State to register your business name(s).

WORKERS' COMPENSATION CLASSES AND EMPLOYER ACCOUNT NUMBERS

1) Determine your workers' compensation class by answering the following question:

Do you have employees? ☐ **Yes** ☐ **No**

2) If you checked "**Yes**" for question #1, you are *nonexempt*, and must provide:

_____ _____
Workers' Compensation Policy Carrier Policy Number

For leased employees, use the leasing company's workers' compensation information.

3) **All commercial contractors *must*** have workers' compensation insurance

If you checked "**No**" for question #1, you are *exempt*, and must complete the following:

☐ I certify that the license applicant has a workers' compensation insurance policy that includes personal election coverage for the owner(s), member(s) or partner(s) of the business.

_____ _____
Carrier Policy Number

EMPLOYER ACCOUNT NUMBERS:

4) Oregon Business Identification Number (BIN): _____.
- Usually required if the business has employees.
- It is not the Social Security Number or the business registry number.
- Contact the Oregon Department of Revenue at 503-378-4988 for more information.

5) Federal Employer Identification Number (EIN): _____.
- Usually required if the business has employees.
- It is not the Social Security Number or the business registry number.
- Contact the Internal Revenue Service at www.irs.gov for more information.

Now skip to page 7

CCB LICENSE APPLICATION CORPORATION, TRUST or LIMITED LIABILITY COMPANY (LLC)

CCB use only: License No. _____

Eff._____ to _____

☐ ENF ☐CBO ☐ RBO ☐ CORP DV ☐ ABN

☐ NAME CHECK_____

Educ._____ Test _____

ENTITY (OWNERSHIP) All owners must be 18 years or older. All information is *REQUIRED.*

A) _____ _____

Corporate or LLC name. Print/type **exactly** as filed at Corporation Division* | Oregon corporate or LLC registry number

_____

Corporate or LLC ***mailing*** address | City | State | Zip | County

_____

Corporate or LLC ***physical*** address | City | State | Zip | County

_____/_____ _____/_____ _____

Business phone number | Business fax number | Business e-mail address

B) _____ _____ _____

Officer/member full legal first name | **Full legal middle name** | **Full legal last name**

_____ _____ _____ _____

Date of birth | Driver's license # | State issued | Last 4 digits of Social Security Number*

_____ _____ _____

Officer/member full legal first name | **Full legal middle name** | **Full legal last name**

_____ _____ _____ _____

Date of birth | Driver's license # | State issued | Last 4 digits of Social Security Number*

_____ _____ _____

Officer/member full legal first name | **Full legal middle name** | **Full legal last name**

_____ _____ _____ _____

Date of birth | Driver's license # | State issued | Last 4 digits of Social Security Number*

You must provide the above information for all corporate officers or members per ORS 701.046. If necessary, attach an additional page to list additional officers or members. Include full legal name, date of birth, and driver's license number. If a member is another entity, please include the full legal name, date of birth, and driver's license number for each officer of the member entity.

* Your Social Security number is required for CCB licenses and certifications according to ORS 25.785, ORS 701.046, and 42 USC § 666(a)(13). Failure to provide this information will be a basis to deny your application. Your SSN may be shared with other authorities only for tax administration, debt collection, and child support enforcement purposes.

ASSUMED BUSINESS NAMES (IF APPLICABLE)

_____

(Business name*) | (ABN registry number if applicable)

_____

(Business name*) | (ABN registry number if applicable)

*Contact the Oregon Secretary of State to register your business name(s).

WORKERS' COMPENSATION CLASSES AND EMPLOYER ACCOUNT NUMBERS

1) Determine your workers' compensation class by answering the following questions:

Do you have employees? ☐ **Yes** ☐ **No**

Do you have three or more officers, members or trustees who are not all immediate members of the same family? ☐ **Yes** ☐ **No**

2) If you checked either box in number 1 as "**Yes**", you are *nonexempt,* and must provide:

_____ _____
Workers' Compensation Policy Carrier Policy Number

For leased employees, use the leasing company's workers' compensation information.

3) **All commercial contractors *must*** have workers' compensation insurance, so if you checked all of the boxes in number 1 as "**No**", you are *exempt*, and must complete the following:

☐ I certify that the license applicant has a workers' compensation insurance policy that includes personal election coverage for the owner(s), member(s) or partner(s) of the business.

_____ _____
Carrier Policy Number

EMPLOYER ACCOUNT NUMBERS:

4) Oregon Business Identification Number (BIN): _____.
- Usually required if the business has employees.
- It is not the Social Security Number or the business registry number.
- Contact the Oregon Department of Revenue at 503-378-4988 for more information.

5) Federal Employer Identification Number (EIN): _____.
- Usually required if the business has employees.
- It is not the Social Security Number or the business registry number.
- Contact the Internal Revenue Service at www.irs.gov for more information.

FAMILY RELATIONSHIP IDENTIFICATION:

6) If you have three or more corporate officers, or members or trustees, and they are all part of the same family, complete the information below.*

Self _____ Spouse _____

Son(s) _____ Daughter(s) _____

Daughter(s)-in-law _____ Son(s)-in-law _____

Grandchildren _____ Parents _____

Brother(s) _____ Sister(s) _____

* If this is an all-family corporation, limited liability company or trust, 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 nonexempt and workers' compensation must be provided.

Now skip to page 7

CCB LICENSE APPLICATION PARTNERSHIP, JOINT VENTURE, LIMITED LIABILITY PARTNERSHIP (LLP) or LIMITED PARTNERSHIP (LP)

CCB use only: License No. _____

Eff._____ to _____

☐ ENF ☐CBO ☐ RBO ☐ CORP DV ☐ ABN

☐ NAME CHECK_____

Educ._____ Test _____

ENTITY (OWNERSHIP) All owners must be 18 years or older. Information is *REQUIRED* for ALL partners, including general partners and limited partners.

A) _____ _____ _____

Partner's full legal first name **Full legal middle name** **Full legal last name**

_____ _____ _____ _____

Date of birth Driver's license # State issued Last 4 digits of Social Security Number*

_____ _____ _____

Partner's full legal first name **Full legal middle name** **Full legal last name**

_____ _____ _____ _____

Date of birth Driver's license # State issued Last 4 digits of Social Security Number*

_____ _____ _____

Partner's full legal first name **Full legal middle name** **Full legal last name**

_____ _____ _____ _____

Date of birth Driver's license # State issued Last 4 digits of Social Security Number*

B)

_____

Business ***mailing*** address City State Zip County

_____

Business ***physical*** address City State Zip County

_____/_____ _____/_____ _____

Business telephone number Business fax number Business e-mail address

You must provide the above information for ALL partners per ORS 701.046. If necessary, attach an additional page to list additional partners/venturers. Include full legal name, Social Security number, date of birth, and driver's license number for all partners. If a partner is a business entity, please provide the full legal name, SSN, date of birth and driver's license number for each entity's members or corporate officers.

* Your Social Security number is required for CCB licenses and certifications according to ORS 25.785, ORS 701.046, and 42 USC § 666(a)(13). Failure to provide this information will be a basis to deny your application. Your SSN may be shared with other authorities only for tax administration, debt collection, and child support enforcement purposes.

BUSINESS NAMES AND ASSUMED BUSINESS NAMES

_____

(LLP Business name, if applicable**) (LLP registry number if applicable)

_____

(LP Business name, if applicable**) (LP registry number if applicable)

_____

(ABN Business name, if applicable**) (ABN registry number if applicable)

If necessary, attach an additional page to list additional ABN(s)/registry numbers used by the partnership, joint venture or LLP.

**Contact the Oregon Secretary of State to register your business name(s).

WORKERS' COMPENSATION CLASSES AND EMPLOYER ACCOUNT NUMBERS

1) Determine your workers' compensation class by answering the following questions:

Do you have employees? ☐ **Yes** ☐ **No**

Do you have three or more partners who are not all immediate members of the same family? ☐ **Yes** ☐ **No**

2) If you checked either box in number 1 as "**Yes**", you are *nonexempt*, and must provide:

_____ _____
Workers' Compensation Policy Carrier Policy Number

For leased employees, use the leasing company's workers' compensation information.

3) **All commercial contractors *must*** have workers' compensation insurance, so if you checked all of the boxes in number 1 as "**No**", you are *exempt*, must complete the following:

☐ I certify that the license applicant has a workers' compensation insurance policy that includes personal election coverage for the owner(s), member(s) or partner(s) of the business.

_____ _____
Carrier Policy Number

EMPLOYER ACCOUNT NUMBERS:

4) Oregon Business Identification Number (BIN): _____.
- Usually required if the business has employees.
- It is not the Social Security Number or the business registry number.
- Contact the Oregon Department of Revenue at 503-378-4988 for more information.

5) Federal Employer Identification Number (EIN): _____.
- Usually required if the business has employees.
- It is not the Social Security Number or the business registry number.
- Contact the Internal Revenue Service at www.irs.gov for more information.

FAMILY RELATIONSHIP IDENTIFICATION:

6) If you have three or more partners, and they are all part of the same family, complete the information below.*

Self _____ Spouse _____

Son(s) _____ Daughter(s) _____

Daughter(s)-in-law _____ Son(s)-in-law _____

Grandchildren _____ Parents _____

Brother(s) _____ Sister(s) _____

* 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 nonexempt and workers' compensation must be provided.

RESIDENTIAL ENDORSEMENTS – YOU MAY *ONLY* CHOOSE *ONE*

Select **ONLY ONE** Residential Endorsement below. For more information, see the Endorsement Chart at the back of this application.

- ☐ Residential General Contractor (RGC)
- ☐ Residential Specialty Contractor (RSC)
- ☐ Residential Limited Contractor (RLC)
- ☐ Residential Developer (RD)

RESTRICTED LICENSE ENDORSEMENTS – Most require a qualifying individual

☐ Home Inspector Services Contractor (HISC) – Must have certified Home Inspector listed Oregon Home Inspector Certification (OCHI) holder name _____ #_____

☐ Residential Locksmith Services Contractor (RLSC) – Must have certified Locksmith listed Oregon Locksmith Certification holder name _____ #_____

☐ Home Energy Performance Score Contractor (HEPSC) – Must have certified Home Energy Assessor listed Oregon Home Energy Assessor (Dept of Energy) Certification holder name _____ #_____

☐ Home Services Contractor (HSC) - No RMI or qualifying individual required

☐ Restoration Contractor (RRC) - No RMI or qualifying individual required

COMMERCIAL ENDORSEMENTS

Select a Commercial Endorsement below. For more information, see the Endorsement Chart at the back of this application.

- ☐ Commercial General Contractor Level 1
- ☐ Commercial Specialty Contractor Level 1
- ☐ Commercial General Contractor Level 2
- ☐ Commercial Specialty Contractor Level 2
- ☐ Commercial Developer

CERTIFICATION OF EXPERIENCE FOR COMMERCIAL CONTRACTORS

(Commercial Developer applicants may skip this section.)

Commercial Level 1 or 2 applicants must certify that their **Key Employee**(s) have the appropriate amount of construction experience. *A "key employee" is an owner or employee who is a Corporate Officer, Manager, Superintendent, Foreperson, Lead person or any other person who exercises management or supervisory authority over the construction activities of the business.*

Key Employee(s) must have:

- Experience gained as a licensed contractor, journeyman, foreperson, supervisor, or as any other employee engaged in construction work for a licensed contractor.
- The following may substitute for up to three years of experience.
  a. Completion of an apprenticeship program may substitute for up to three years of experience
  b. A bachelor's degree in a construction-related field may substitute for up to three years of experience
  c. A bachelor's degree or master's degree in business, finance or economics may substitute for up to two years of experience
  d. An associate's degree in construction or building management may substitute for up to one year of experience

How many **Key Employee**(s) do you have? _____

If you selected: Commercial General Contractor Level 1 (CGC1) or Commercial Specialty Contractor Level 1 (CSC1)
☐ Check this box to certify that your key employees have **8** years total of construction experience.

If you selected: Commercial General Contractor Level 2 (CGC2) or Commercial Specialty Contractor Level 2 (CSC2)
☐ Check this box to certify that your key employees have **4** years total of construction experience.

CONSTRUCTION DEBT

1) Check each box below if the business, or any person listed in this application, has outstanding:

☐ A final, unpaid order or a final, unpaid arbitration award issued by the Construction Contractors Board.

☐ A final, unpaid court judgment; a final, unpaid arbitration award; or a final, unpaid civil penalty arising from construction activities within the United States.

☐ A final, unpaid court judgment or final, unpaid civil penalty arising from failure to maintain workers' compensation insurance or pay workers' compensation awards.

☐ An amount owed to employees of a construction contracting business for unpaid wages.

2) Check here if:

☐ **Neither the business, nor any person listed in this application, have an outstanding obligation as indicated in number 1.**

3) If any box is checked in number 1 above, provide copies of the order(s), arbitration award(s), judgment(s), civil penalties or evidence of other obligation.

CRIMINAL BACKGROUND*

Has any person listed on this application been indicted for or convicted of any of the following crimes?

☐ **No** ☐ **Yes**

If "**Yes**," check the appropriate box(es) and fill in the information below. Please provide a detailed explanation of the crime written by that applicant. Include police reports and court documents.

	Date	State	County		Date	State	County
☐ Murder	_____	_____	_____	☐ Robbery 1	_____	_____	_____
☐ Assault 1	_____	_____	_____	☐ Theft 1	_____	_____	_____
☐ Kidnapping	_____	_____	_____	☐ Arson 1	_____	_____	_____
☐ Sexual abuse	_____	_____	_____	☐ Theft by extortion	_____	_____	_____
☐ Rape, sodomy or unlawful sexual penetration	_____	_____	_____				

If you are under court supervision, list that individual's name and contact number: _____

PLEASE NOTE: 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.

RESPONSIBLE MANAGING INDIVIDUAL (RMI) AND REQUIRED PRE- LICENSE TRAINING AND TEST

(Continued on next page)

You may **skip** this section if you are a Residential Developer, Commercial Developer, Residential Locksmith Services Contractor, Home Inspector Services Contractor, Home Services Contractor, Home Energy Performance Score Contractor applicant, or Residential Restoration Contractor applicant. ***All other endorsement type applicants must complete this section.***

Most licenses must have an RMI at all times, and may be an owner, officer, partner or employee of the business applying for the license. The RMI must manage or supervise the construction activities of the business by participating in (1) the administration of construction contracts; or (2) the administration of the day-to-day operations.

To qualify to be the RMI, the individual must:

- Complete the 16-hour pre-license training **and** pass the Oregon contractor exam, **OR**
- Pass the NASCLA national exam **and** pass the Oregon contractor exam **OR**
- Provide one or more license number(s) that the owner, officer, member, or RMI has been continuously associated with during the time period beginning July 1, 2000, until the date of this application, with no lapse of more than 24 months.

RMI INFORMATION

1) The business' RMI is _____ *(Print full legal name.)*

2) The RMI's identifying information: Driver's License number:_____ State issued in:_____

3) Date of Birth:_____ Last 4 digits of Social Security Number: _____

4) The RMI is an: ☐ **Owner** ☐ **Employee**

5) Attach a copy of the test site score report, *OR*, if the RMI meets the qualifying experience requirement, list the previous CCB license number(s): _____

6) As the RMI, I certify that:
   a) I have management or supervisory authority over the construction activities of the business; and
   b) If this business incurs a construction debt that it does not pay, I understand that I may be prohibited from serving as an owner, officer, or RMI of another licensee until that construction debt is satisfied, paid, or discharged.

_____ _____

Signature of Responsible Managing Individual **Date**

INDEPENDENT CONTRACTOR CERTIFICATION

All applicants must certify that their business activities will be performed in compliance with Oregon's independent contractor law (ORS 670.600) by answering *yes* to items 1-4 below. Any *no* answers will prevent licensure.

At all times while conducting business as a CCB licensee:

	YES	NO	
1			The applicant will be free from a client's direction and control over the means and manner of providing the services. The applicant is subject only to the right of the client, for whom the services are provided, to specify the desired results of the work.
2			The applicant will be customarily engaged in an independently established business by ***at least three*** of the following criteria: a. Maintaining a business location that is separate from the business or work location for whom the services are provided; or that is in a portion of the applicant's residence and that portion is used primarily for the business. b. Bearing the risk of loss related to the business or provision of services as shown by factors such as: entering into fixed-price contracts; a requirement to correct defective work; warranties the services provided or the applicant negotiates indemnification agreements or purchases liability insurance performance bonds or errors and omissions insurance. c. Providing contract services for two or more different persons within a 12 month period, or routinely engaging in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to provide similar services. d. Making significant investment in the business, through means such as: purchasing tools or equipment necessary to provide the services; paying for the premises or the facilities where the services are provided; or paying for the licenses, certificates or specialized training required to provide the services. e. Having the authority to hire other persons to provide or to assist in providing the services and has the authority to fire those persons. Contractors hiring employees must be licensed under the non-exempt class of independent contractor and carry proper workers' compensation insurance to protect subject workers.
3			The applicant will maintain an active license with the CCB in accordance with ORS 701 while performing construction activities.
4			The applicant is responsible for obtaining other licenses or certificates necessary to provide the construction services.

SIGNATURES

1) To the best of my knowledge, the information on this application is complete, correct and accurate.

2) For as long as this license is in effect, the applicant will continue to carry the required liability insurance and surety bond.

3) Effective the date of this application, if the applicant hires employees, the applicant is required to comply with workers' compensation laws, and will maintain a workers' compensation insurance policy as long as the applicant is an employer.

4) If the Responsible Managing Individual (RMI) or qualifying individual leaves the business, the applicant will notify the CCB in writing Immediately, **and** will provide CCB with a new RMI or qualifying individual's name.

5) The applicant will operate as an independent contractor per ORS 670.600.

6) The applicant understands that any and all information regarding their license may be shared with other government agencies.

7) The applicant has one or more key employees who satisfy the construction experience requirements.

8) The applicant must remain in compliance with the terms of this license. Failure to do so could result in a civil penalty of up to $5,000 per offense and/or license suspension or revocation.

9) If this business incurs a construction debt that it does not pay, the individual(s) understands that they may be prohibited from serving as an owner, officer, or RMI of another license applicant until that construction debt is satisfied, paid, or discharged.

10) The applicant understands that signing below as an owner, partner, corporate officer, LLC member, trustee, or RMI of this application, he/she will be held liable for the licensee's compliance with all applicable statutes and rules.

By signing below, I certify that I have read and understand the statements listed above.

***PLEASE NOTE*: All owners, officers, members *AND* the RMI or Qualifying Individual MUST sign, or licensing will be delayed.**

Signature of RMI or Qualifying Individual, if applicable	Printed name	Date
Signature of sole proprietor	Printed name	Date
Signature of corporate officer/LLC member/partner/trustee	Printed name	Date
Signature of corporate officer/LLC member/partner/trustee	Printed name	Date
Signature of corporate officer/LLC member/partner/trustee	Printed name	Date
Signature of corporate officer/LLC member/partner/trustee	Printed name	Date

If necessary, attach an additional page to list additional partners, corporate officers, LLC members/managers, or trustees.

APPLICATION FEE

By signing below, I understand that once the license has been issued, the $250 application fee is non-refundable.

SELECT A PAYMENT OPTION BELOW. CCB DOES NOT ACCEPT CASH.

☐**Check or money order enclosed made payable to the *Construction Contractors Board***

☐ **Debit card**

Credit Card: ☐ Visa ☐ MasterCard ☐ Discover

I authorize the **$250** application fee to be charged to my credit card.

Account #: _____ Expiration Date (Mo/Yr): _____

Print Name as Displayed on Card: _____ CVV # _____

Credit Card Holder's Billing Address: _____
(Street) (City, State, Zip)

Signature: _____

Please allow 7-10 business days for processing.

Emailed applications cannot be accepted for security reasons.

SUBMIT COMPLETED APPLICATION, BOND AND INSURANCE TO:

MAIL: PO BOX 14140, Salem, OR 97309-5052.

SECURE FAX: 503-373-2155

IN-PERSON or OVERNIGHT MAIL: 201 High St SE, Suite 600, Salem, OR 97301

Lobby hours are 8:00 a.m. to 4:30 p.m. each business day, except for Tuesdays, which are 9:00 a.m. to 4:30 p.m.

Please arrive before 4:00 p.m. to allow time to submit your application that day.

✓ ***IMPORTANT: Incomplete applications or missing or incorrect documents will delay licensing.***

FOR OFFICE USE ONLY
AMOUNT PAID

LICENSE ENDORSEMENTS

You must select a residential, commercial, or one of each, endorsement, which relates to the type of structures you intend to construct or develop for construction. The law defines three types of structures:

TYPE OF STRUCTURE:	DESCRIPTIONS:	EXAMPLES:
Residential Structure	• A site-built home • A structure that contains one or more dwelling units and is four stories or less above grade • A condominium, rental residential unit or other residential dwelling unit that is part of a larger structure, if the property interest in the unit is separate from the property interest in the larger structure • A modular home constructed off-site • A manufactured dwelling • A floating home	• Single-family residence • Apartment complex or condos 4 stories or less • Individual units in a high rise building **Does not mean:** • Motels/Hotels • Dormitories • Prisons/Jails • Summer camps • Row houses
Small Commercial Structure	• A nonresidential: • Structure of 10,000 square feet or less and not more than 20 feet high • Leasehold, rental unit or other unit that is part of a larger structure, if the unit has 12,000 square feet or less and is not more than 20 feet high • Structure of any size for which the entire contract price of all construction work to be performed on the structure does not total more than $250,000	• 7-11 stores • Gas stations • Fast food restaurants • Tenant space in malls • Under $250,000 construction projects
Large Commercial Structure	Any structure that is not a residential structure or small commercial structure	• Apartment Complex or Condos more than 4 stories • Hospitals • Parking Garages • Shopping Malls • Manufacturing Facilities

RESIDENTIAL CONTRACTOR ENDORSEMENTS

Endorsement Classifications	Scope of Work	Limitations	Bond and Insurance
Residential General Contractor (RGC)	These contractors may supervise, arrange for, or perform (partly or completely) an unlimited number of unrelated building trades involving any residential or small commercial structure or project.	Residential general contractors may perform the same work as residential specialty contractors.	$20,000 Residential bond $500,000 per occurrence insurance
Residential Specialty Contractor (RSC)	These contractors perform work involving one or two unrelated building trades for residential or small commercial projects. Alternatively, these residential contractors may perform work on a single property involving three or more unrelated building trades if the contract for labor and materials is $2,500 or less.	The building trades may change from job to job. Example: A residential specialty contractor may perform masonry & roofing work on one project & concrete work on another.	$15,000 Residential bond $300,000 per occurrence insurance
Residential Limited Contractor (RLC)	These contractors may supervise, arrange, and/or perform (partly or completely) any unlimited number of unrelated building trades involving residential or small commercial structure or project if they certify that they meet all of the following: 1. Expects gross sales of less than $40,000 from the construction business in the next year. 2. Does not contract to perform work that exceeds $5,000. 3. The value of any work performed does not exceed $5,000 per job site per year. 4. CCB may inspect the applicant's Oregon Department of Revenue tax records to verify any of the above. 5. Agrees that if gross construction business volume exceeds $40,000 during the year, it will immediately notify the CCB, change its endorsement and increase its bond and insurance coverage, if required.	This is for part-time contractors who, for example, build for a hobby, for retirees, and for handyman services. There is no limit to the number of building trades that can be supervised, arranged or performed. "Gross" = the total amount paid for labor and supplies before expenses and taxes are deducted.	$10,000 Residential bond $100,000 per occurrence insurance

Residential Developer (RD)	These contractors meet all of the following: 1. Owns the properties, or an interest in the properties, on which it arranges for construction work; 2. Arranges for construction work or improvement of residential or small commercial real property, with the intent to sell the property; 3. Acts in association with one or more licensed general contractors who have sole responsibility for overseeing all phases of construction activity on the property; and 4. Does not perform any construction work on the property.	This classification is for residential developers who arrange for the construction of structures, or development of property, that they intend to sell.	$20,000 Residential bond $500,000 per occurrence insurance
Home Services Contractor (HSC)	Contractors with an HSC endorsement may operate a business offering service, repair or replacement under a home services (warranty) agreement.	HSC can perform no other contractor activities.	$10,000 Residential bond $100,000 per occurrence insurance
Residential Locksmith Services Contractor (RLSC)	Contractors with an RLSC endorsement may operate a business offering locksmith services.	RLSC contractors can perform no other contractor activities.	$10,000 Residential bond $100,000 per occurrence insurance
Home Inspector Services Contractor (HISC)	Contractors with an HISC endorsement may operate a business offering home inspection services.	HISC contractors can perform no other contractor activities.	$10,000 Residential bond $100,000 per occurrence insurance
Home Energy Performance Score Contractor (HEPSC)	Contractors with an HEPSC endorsement may operate a business issuing home energy performance scores.	HEPSC contractors can perform no other contractor activities.	$10,000 Residential bond $100,000 per occurrence insurance
Residential Restoration Contractor (RRC)	Contractors with an RRC endorsement may operate a business offering restoration services for residential and small commercial structures.	RRC contractors can perform no other contractor activities.	$10,000 Residential bond $100,000 per occurrence insurance

COMMERCIAL CONTRACTOR ENDORSEMENTS

Endorsement Classifications	Scope of Work	Limitations	Bond and Insurance
Commercial General Contractor Level 1 (CGC1)	These contractors may supervise, arrange for, or perform (partly or completely) an unlimited number of unrelated building trades involving any small or large commercial structure or project. Level 1 and 2 contractors can perform the same work. A Level 1 contractor must have 8 years of construction experience. A Level 2 contractor must have 4 years of construction experience	Commercial general contractors may perform the same work as commercial specialty contractors.	$75,000 Commercial bond $2 million aggregate insurance
Commercial General Contractor Level 2 (CGC2)			$20,000 Commercial bond $1 million aggregate insurance
Commercial Specialty Contractor Level 1 (CSC1)	These contractors perform work involving one or two unrelated building trades for small or large commercial projects. Level 1 and 2 contractors can perform the same work. A Level 1 contractor must have 8 years of construction experience. A Level 2 contractor must have 4 years of construction experience	The building trades may change from job to job. For example, a commercial specialty contractor may perform masonry and roofing work on one project and concrete work on another.	$50,000 Commercial bond $1 million aggregate insurance
Commercial Specialty Contractor Level 2 (CSC2)			$20,000 Commercial bond $500,000 per occurrence insurance
Commercial Developer (CD)	These contractors meet all of the following: 1. The licensee owns the properties, or an interest in the properties, on which it arranges for construction work; 2. The licensee arranges for construction work or improvement of small or large commercial real property, with the intent to sell the property; 3. The licensee acts in association with one or more licensed general contractors who have sole responsibility for overseeing all phases of construction activity on the property; and 4. The licensee does not perform any construction work on the property.	This classification is for commercial developers who arrange for the construction of structures, or the development of property, that they intend to sell.	$20,000 Commercial bond $500,000 per occurrence insurance

SAMPLE CERTIFICATE OF LIABILITY INSURANCE - *= REQUIRED FIELDS

DATE (MM/DD/YY)

PRODUCER – Name and address of insurance producer
Phone number is also helpful

INSURANCE AGENT OR BROKER – Name, address and phone number of insurance agent or broker

INSURED – ***IMPORTANT:*** The name of the insured ***MUST*** be the ***EXACT*** business name, as it is registered with the Corporation Division. For sole proprietors or most partnerships, it must be the individual's FULL LEGAL name, including their full middle name.
Questions? Call 503-378-4621.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A	INSURANCE COMPANY
COMPANY B	INSURANCE COMPANY, if applicable
COMPANY C	
COMPANY D	

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	*TYPE OF INSURANCE*	*POLICY NUMBER*	*POLICY EFFECTIVE and EXPIRATION DATES (MM/DD/YY)*	*LIMITS*	
A	**GENERAL LIABILITY** ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ OWNER'S & CONTRACTORS PROT ☐ Contractual Liability			GENERAL AGGREGATE	$ 2,000,000
				PRODUCTS-COMP/OP AGG	$ 2,000,000
				PERSONAL&ADV INJURY	$ 1,000,000
				EACH OCCURANCE	$ 1,000,000
				FIRE DAMAGE (Any one fire)	$ N/A
				MED EXP (Any one person)	$ N/A
	AUTOMOBILE LIABILITY ☐ ANY AUTOS ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS			COMBINED SINGLE LIMIT	$ N/A
				BODILY INJURY (Per person)	$ N/A
				BODILY INJURY (Per accident)	$ N/A
				PROPERTY DAMAGE	$ N/A
	EXCESS LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM			EACH OCCURANCE	$ N/A
				AGGREGATE	$ N/A
					$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: ☐ INCL ☐ EXCL			☐ WC SATU-TORY LIMITS ☐ OTHER	$
				EL EACH ACCIDENT	$ N/A
				EL DISEASE – POLICY LIMIT	$ N/A
				EL DISEASE – EA EMPLOYEE	$ N/A

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CCB license number

***CERTIFICATE HOLDER* - Exactly as shown below**

OREGON CONSTRUCTION CONTRACTORS BOARD
PO Box 14140
Salem OR 97309-5052

CANCELLATION

SHOULD ANY OF THE ABOVE POLICIES BE CANCELLED OR MATERIALLY CHANGED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ DAYS (EXCEPT 10 DAYS FOR NON-PAYMENT) WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBILGATION OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE ***SIGNATURE REQUIRED***
(Electronic signature is acceptable)

SAMPLE

STATE OF OREGON
CONSTRUCTION CONTRACTORS BOARD

RESIDENTIAL

SURETY BOND

CCB # (if already issued) _____ Surety company's bond # _____

IMPORTANT: **BOND MUST BE ISSUED IN THE *EXACT BUSINESS NAME.* SEE ATTACHED CHECKLIST FOR SPECIFIC REQUIREMENTS.**

_____ (the ***"Principal"***) is a "residential contractor" as defined by ORS 701.005. The Principal is applying for a license and residential endorsement from the Construction Contractors Board of the State of Oregon, or for renewal of its license and endorsement, and as a condition of the license is required by ORS Chapter 701 to furnish a bond in the penal sum of **$ DOLLAR AMOUNT OF BOND**, issued by a corporation authorized to do business in the State of Oregon (the ***"Surety"***), subject to the conditions stated in this bond.

NAME OF SURETY COMPANY ISSUING THE BOND _____ (the ***"Surety"***) hereby binds itself, its respective heirs, personal representatives, administrators, successors and assigns to pay to the State of Oregon the sum of **$ DOLLAR AMOUNT OF BOND**.

The obligation of the Surety under this bond is void if in accordance with ORS Chapter 701 and OAR Chapter 812 the Principal pays all amounts as determined by the Construction Contractors Board to be paid by the Principal; otherwise this obligation remains in full force and effect.

This bond is for the exclusive purpose of ensuring payment of determination orders of the Construction Contractors Board in accordance with ORS Chapter 701.

This bond is one continuing obligation, and the liability of the Surety for the aggregate of all claims which may arise under this bond may in no event exceed the amount of the penal sum of this bond.

This bond is effective on the date the Principal meets all requirements for licensing or renewal and remains continuously in effect until depleted by claims paid under ORS Chapter 701, unless the Surety sooner cancels the bond. The Surety may cancel this bond and be relieved of further liability for work performed by the Principal on contracts entered after cancellation by giving 30 days' written notice to the Principal and the Construction Contractors Board of the State of Oregon. Cancellation does not limit the responsibility of the Surety for determination orders relating to the work period as defined by OAR Chapter 812.

This bond shall not be valid for purposes of licensing in accordance with ORS Chapter 701 unless filed with the Construction Contractors Board within sixty (60) days of the date shown below.

Surety represents and warrants that it is authorized to transact surety business in the State of Oregon.

Dated this _____ day of _____, 20_____.

SURETY:

Name: _____

By: **SIGNATURE REQUIRED** _____
Signature

As: ATTORNEY-IN-FACT

_____
Printed Name of Attorney-in-fact or Agent

_____
Title

_____
Agency Address *Phone*

_____
City *State* *Zip*

Please note: This bond is **not valid** until filed and licensing is completed with the Construction Contractors Board.

SAMPLE

STATE OF OREGON
CONSTRUCTION CONTRACTORS BOARD

COMMERCIAL

SURETY BOND

CCB # (if already issued) _____ Surety company's bond # _____

IMPORTANT: **BOND MUST BE ISSUED IN THE EXACT BUSINESS *NAME.* SEE ATTACHED CHECKLIST FOR SPECIFIC REQUIREMENTS.**

_____ (the ***"Principal")*** is a "commercial contractor" as defined by ORS 701.005. The Principal is applying for a license and commercial endorsement from the Construction Contractors Board of the State of Oregon, or for renewal of its license and endorsement, and as a condition of the license is required by ORS Chapter 701 to furnish a bond in the penal sum of **$ DOLLAR AMOUNT OF BOND**, issued by a corporation authorized to do business in the State of Oregon (the ***"Surety"***), subject to the conditions stated in this bond.

NAME OF SURETY COMPANY ISSUING THE BOND _____ (the ***"Surety"***) hereby binds itself, its respective heirs, personal representatives, administrators, successors and assigns to pay to the State of Oregon the sum of **$ DOLLAR AMOUNT OF BOND**.

The obligation of the Surety under this bond is void if in accordance with ORS Chapter 701 and OAR Chapter 812 the Principal pays all amounts as determined by the Construction Contractors Board to be paid by the Principal; otherwise this obligation remains in full force and effect.

This bond is for the exclusive purpose of ensuring payment of determination orders of the Construction Contractors Board in accordance with ORS Chapter 701.

This bond is one continuing obligation, and the liability of the Surety for the aggregate of all claims which may arise under this bond may in no event exceed the amount of the penal sum of this bond.

This bond is effective on the date the Principal meets all requirements for licensing or renewal and remains continuously in effect until depleted by claims paid under ORS Chapter 701, unless the Surety sooner cancels the bond. The Surety may cancel this bond and be relieved of further liability for work performed by the Principal on contracts entered after cancellation by giving 30 days' written notice to the Principal and the Construction Contractors Board of the State of Oregon. Cancellation does not limit the responsibility of the Surety for determination orders relating to the work period as defined by OAR Chapter 812.

This bond shall not be valid for purposes of licensing in accordance with ORS Chapter 701 unless filed with the Construction Contractors Board within sixty (60) days of the date shown below.

Surety represents and warrants that it is authorized to transact surety business in the State of Oregon.

Dated this _____ day of _____, 20_____.

SURETY:

Name: _____

By: **SIGNATURE REQUIRED** _____
Signature

As: ATTORNEY-IN-FACT

_____
Printed Name of Attorney-in-fact or Agent

_____
Title

_____
Agency Address *Phone*

_____
City *State* *Zip*

Please note: This bond is **not valid** until filed and licensing is completed with the Construction Contractors Board.

SAMPLE

ATTENTION SURETY:

PLEASE COMPLETE THIS CHECKLIST

☐ CCB license number is filled in if already issued. If new license applicant, leave blank.

☐ Bond number is filled in.

☐ Contractor's name on first line ***EXACTLY*** as it is registered with the Corporation Division. Sole proprietorships must show their full legal name, including their full middle name.

- If a *sole proprietorship*, applicant's **full first, middle, and last legal name** must appear (no spouses).
- If a *partnership*, all partners' **full first, middle, and last legal names** must appear.
- If a *limited liability partnership* (LLP), all partners' **full legal names** must appear.
- If a *joint venture*, all partners' **full legal names** must appear.
- If a *limited partnership* (LP), all general partners' **full legal names**, the name of the limited partnership and any other assumed business names used must appear (no limited partners).
- If a *limited liability company* (LLC), the LLC name only must appear (no personal names).
- If a *corporation*, the corporate name only must appear (no personal names).
- If a *trust,* the name of the trust only must appear (no personal names).

☐ The surety's name is on the second line.

☐ The amount of the bond appears in two places.

☐ The bond agent or attorney-in-fact signed the bond.

☐ The date of the bond is the date the bond company signed it.

☐ An original power of attorney in favor of the bond agent or attorney-in-fact is attached to the bond.

SURETY: Send the original bond and power of attorney to the applicant. Do not send to CCB.

ATTENTION APPLICANT:

1. The bond must be issued in the ***exact*** entity name that is registered with the Corporation Division, and that you have listed on your application.

2. If you are a new license applicant, do not have the bond company send the bond directly to the CCB. The correctly completed, ORIGINAL bond and power of attorney must be submitted with your application and fee for the license.

3. The original bond and power of attorney MUST reach the Construction Contractors Board within 60 days from the date on the bond in order to be valid.

State of Oregon
Construction Contractors Board
Mailing address: PO Box 14140
Location: 201 High St SE, Suite 600
Salem, OR 97309-5052
503-378-4621
www.oregon.gov/ccb

SAMPLE

Oregon
Kate Brown, Governor

Construction Contractors Board
www.oregon.gov/ccb
Mailing Address
PO Box 14140
Salem, OR 97309-5052
Phone # 503-378-4621
Fax # 503-373-2007

EXEMPT WORKERS' COMPENSATION STATUS DECLARATION

The license applicant below has filed their CCB license application as an exempt contractor, meaning it will not hire employees.

If the applicant decides to hire employees, the applicant understands that Oregon law requires it to:

1) Comply with workers' compensation laws and maintain a workers' compensation insurance policy as long as the applicant is an employer.
2) Notify the CCB of the change to its workers' compensation status to ***nonexempt, BEFORE*** hiring any employees, by submitting a *Change My Workers' Compensation Status* form, or changing its status in their Online Services account.

By signing this document, the applicant certifies that it will change their workers' compensation status to *nonexempt* with CCB **before** hiring any employees. It will also provide the name of its workers' compensation policy carrier and policy number. Notification occurs by submitting a *Change My Workers' Compensation Status* form to CCB, or changing its status in their Online Services account. There is no fee to make this change.

ORS 701.035(3) states:

(3) If a person who is licensed as exempt under subsection (2)(b) of this section hires one or more employees, utilizes one or more workers supplied by a worker leasing company or falls into any of the categories set out in subsection (2)(a)(B) of this section, the person is subject to penalties under ORS 701.992 (Civil penalties and other sanctions) for improper licensing. If a person who is licensed as exempt under subsection (2)(b) of this section hires one or more employees, or utilizes one or more workers supplied by a worker leasing company, the person is also subject to licensing sanctions under ORS 701.098 (Grounds for discipline). The person must reapply to the board in the correct class.

_____
Business or Applicant Name

_____ _____
Signature of Applicant (RMI) *Date*

_____
CCB Application Number