



APPLICATION FOR RESIDENTIAL 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 & 7-10 **OR**
- ✓ If your business is a **corporation, limited liability company, or trust** complete/submit only pages 3-4 & 7-10 **OR**
- ✓ If your business is any type of **partnership or a joint venture**, complete/submit only pages 5-10.
- ✓ 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

<p>Work that <u>does</u> require a license:</p> <p>Oregon law requires anyone who works for compensation in any construction activity involving improvements to real property to be licensed with CCB. Examples include:</p> <ul style="list-style-type: none">• 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	<p>Work that <u>does not</u> require a license:</p> <p>Some common examples include:</p> <ul style="list-style-type: none">• Gutter cleaning• Power and pressure washing for the purpose of cleaning (siding, sidewalks, etc.)• Debris clean up (yard or construction site)
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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.

EMPLOYER ACCOUNT NUMBERS:

- 3) 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.
- 4) 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 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.

EMPLOYER ACCOUNT NUMBERS:

3) 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.

4) 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:

5) 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 RBO CORP DV ABN
 NAME CHECK _____
 Educ. _____ Test _____

ENTITY (OWNERSHIP) All owners must be 18 years or older. All 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/ventures. 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.

EMPLOYER ACCOUNT NUMBERS:

3) 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.

4) 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:

5) 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

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* (Continued on next page)

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.

	<u>Date</u>	<u>State</u>	<u>County</u>		<u>Date</u>	<u>State</u>	<u>County</u>
<input type="checkbox"/> Murder	_____	_____	_____	<input type="checkbox"/> Robbery 1	_____	_____	_____
<input type="checkbox"/> Assault 1	_____	_____	_____	<input type="checkbox"/> Theft 1	_____	_____	_____
<input type="checkbox"/> Kidnapping	_____	_____	_____	<input type="checkbox"/> Arson 1	_____	_____	_____
<input type="checkbox"/> Sexual abuse	_____	_____	_____	<input type="checkbox"/> Theft by extortion	_____	_____	_____
<input type="checkbox"/> 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

You may **skip** this section if you are a Residential Developer, Residential Locksmith Services Contractor, Home Inspector Services Contractor, Home Services Contractor, Home Energy Performance Score Contractor, or Residential Restoration Contractor applicant. **All other residential 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 before 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: _____
- 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 (Continued on next page)

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 <u>at least three</u> of the following criteria (see next page):

		<ul style="list-style-type: none"> 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 (Continued on next page)

- 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 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.
- 8) 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.
- 9) 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 from 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

To use this application, you must select the residential endorsement that relates to the type of structure that you intend to construct or develop for construction. The law defines three types of structures:

TYPE OF STRUCTURE:	DESCRIPTIONS:	EXAMPLES:
Residential Structure	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Single-family residence • Apartment complex or condos 4 stories or less • Individual units in a high rise building <p>Does not mean:</p> <ul style="list-style-type: none"> • Motels/Hotels • Dormitories • Prisons/Jails • Summer camps • Row houses
Small Commercial Structure	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 ONLY.	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 ONLY.	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 ONLY.	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 ONLY.	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

SAMPLE CERTIFICATE OF LIABILITY INSURANCE - *REQUIRED FIELDS

DATE (MM/DD/YY)

<p>*PRODUCER* – Name and address of insurance producer Phone number is also helpful</p> <p>*INSURANCE AGENT OR BROKER* – Name, address and phone number of insurance agent or broker</p> <p>*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.</p>	<p>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.</p> <p style="text-align: center;">COMPANIES AFFORDING COVERAGE</p> <p>*COMPANY A* INSURANCE COMPANY</p> <p>COMPANY B INSURANCE COMPANY, if applicable</p> <p>COMPANY C</p> <p>COMPANY D</p>
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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			GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PRODUCTS-COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR			PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTORS PROT			EACH OCCURANCE	\$ 1,000,000
	<input type="checkbox"/> Contractual Liability			FIRE DAMAGE (Any one fire)	\$ N/A
				MED EXP (Any one person)	\$ N/A
	AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT	\$ N/A
	<input type="checkbox"/> ANY AUTOS			BODILY INJURY (Per person)	\$ N/A
	<input type="checkbox"/> ALL OWNED AUTOS			BODILY INJURY (Per accident)	\$ N/A
	<input type="checkbox"/> SCHEDULED AUTOS			PROPERTY DAMAGE	\$ N/A
	<input type="checkbox"/> HIRED AUTOS				
	EXCESS LIABILITY			EACH OCCURANCE	\$ N/A
	<input type="checkbox"/> UMBRELLA FORM			AGGREGATE	\$ N/A
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY			<input type="checkbox"/> WC SATU-TORY LIMITS	<input type="checkbox"/> OTHER \$
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL		EL EACH ACCIDENT	\$ N/A
		<input type="checkbox"/> EXCL		EL DISEASE – POLICY LIMIT	\$ N/A
				EL DISEASE – EA EMPLOYEE	\$ N/A

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CCB license number

<p>*CERTIFICATE HOLDER* - Exactly as shown below</p> <p>OREGON CONSTRUCTION CONTRACTORS BOARD PO Box 14140 Salem OR 97309-5052</p>	<p>CANCELLATION</p> <p>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 OBLIGATION OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.</p> <p>*AUTHORIZED REPRESENTATIVE* SIGNATURE REQUIRED (Electronic signature is acceptable)</p>
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**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.

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



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

