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@ccb.oregon.gov
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 online “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 online “A”, naming CCB as the certificate holder, to your completed and signed application. **Do not submit separately.**

✓ Submit your completed and signed application, with $325, 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*

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**Work that **does** require a license:**

- 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

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**Work that **does not** require a license:**

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

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:

<table>
<thead>
<tr>
<th>Workers’ Compensation Policy Carrier</th>
<th>Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

**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**

<table>
<thead>
<tr>
<th>Corporate or LLC mailing address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Corporate or LLC physical address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>/</td>
<td>/</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business phone number</th>
<th>Business fax number</th>
<th>Business e-mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B)**
- **Officer/member full legal first name**
- **Full legal middle name**
- **Full legal last name**

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Driver’s license #</th>
<th>State issued</th>
<th>Last 4 digits of Social Security Number*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**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)**

<table>
<thead>
<tr>
<th>(Business name*)</th>
<th>(ABN registry number if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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)**

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

<table>
<thead>
<tr>
<th>A)</th>
<th>Partner’s full legal first name</th>
<th>Full legal middle name</th>
<th>Full legal last name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date of birth</td>
<td>Driver’s license #</td>
<td>State issued</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Last 4 digits of Social Security Number*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B)</th>
<th>Partner’s full legal first name</th>
<th>Full legal middle name</th>
<th>Full legal last name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date of birth</td>
<td>Driver’s license #</td>
<td>State issued</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Last 4 digits of Social Security Number*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B)</th>
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<th>Full legal middle name</th>
<th>Full legal last name</th>
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<tbody>
<tr>
<td></td>
<td>Date of birth</td>
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<td></td>
<td></td>
<td></td>
<td>Last 4 digits of Social Security Number*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B)</th>
<th>Business <strong>mailing</strong> address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B)</th>
<th>Business <strong>physical</strong> address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
</table>

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**

<table>
<thead>
<tr>
<th>(LLP Business name, if applicable**)</th>
<th>(LLP registry number if applicable)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(LP Business name, if applicable**)</th>
<th>(LP registry number if applicable)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(ABN Business name, if applicable**)</th>
<th>(ABN registry number if applicable)</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Crime</th>
<th>Date</th>
<th>State</th>
<th>County</th>
<th>Crime</th>
<th>Date</th>
<th>State</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder</td>
<td></td>
<td></td>
<td></td>
<td>Robbery 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assault 1</td>
<td></td>
<td></td>
<td></td>
<td>Theft 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidnapping</td>
<td></td>
<td></td>
<td></td>
<td>Arson 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td></td>
<td></td>
<td></td>
<td>Theft by extortion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rape, sodomy or unlawful sexual penetration</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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.</td>
</tr>
<tr>
<td>2</td>
<td>The applicant will be customarily engaged in an independently established business by at least three of the following criteria (see next page):</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Signature of RMI or Qualifying Individual, if applicable</th>
<th>Printed name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of sole proprietor</td>
<td>Printed name</td>
<td>Date</td>
</tr>
<tr>
<td>Signature of corporate officer/LLC member/partner/trustee</td>
<td>Printed name</td>
<td>Date</td>
</tr>
<tr>
<td>Signature of corporate officer/LLC member/partner/trustee</td>
<td>Printed name</td>
<td>Date</td>
</tr>
</tbody>
</table>
APPLICATION FEE

By signing below, I understand the $325 application fee is non-refundable.

SELE$ 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 $325 application fee to be charged to my credit card.

Credit Card #: _________________________________ Expiration Date (Mo/Yr): _________________________________

Print Name as Displayed on Card: _________________________________ CVV # _________________________________

Credit Card Holder’s Billing Address: _________________________________

(Street) (City, State, Zip)

Signature: _________________________________

Please allow 3-4 weeks 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 PRIORITY 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.
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:

<table>
<thead>
<tr>
<th>TYPE OF STRUCTURE:</th>
<th>DESCRIPTIONS:</th>
<th>EXAMPLES:</th>
</tr>
</thead>
</table>
| 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

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