



**STATE OF OREGON
CONSTRUCTION CONTRACTORS BOARD**

PO Box 14140 Salem, OR 97309-5052
Phone (503) 378-4621 | Fax (503) 373-2007
Email: ccb.info@ccb.oregon.gov
www.oregon.gov/ccb



CERTIFICATE OF BOND RESTORATION

CCB License Number: _____

This Certificate is part of surety bond number _____
issued to _____
as principle, on _____ (date the original bond was signed).

We, _____ (name of surety), a
corporation qualified and authorized to do business in the State of Oregon, as surety, agree
to restore this bond to its full value and remain liable for the penal sum of
\$ _____, as if no payments from this bond had been made prior to the
date of this certificate for final orders issued by the Construction Contractors Board.

IN WITNESS WHEREOF, the surety has signed and sealed this day of:

_____, 20_____
(Month) (Day) (Year)

Surety by:

Signature

Name of Attorney-in-fact or Agent

Title

Agency Address

City State Zip

PLEASE RETURN THIS FORM TO:

Construction Contractors Board

Mailing address: PO Box 14140
Salem, OR 97309-5052
Location: 201 High St, Suite 300
Salem, OR 97301

Fax: 503-373-2007
Email: ccb.info@ccb.oregon.gov