



CONSTRUCTION CONTRACTORS BOARD

P.O. Box 14140 Salem, OR 97309-5052
Phone (503) 378-4621 | Fax (503) 373-2155
Email: ccb.info@ccb.oregon.gov
www.oregon.gov/ccb



ADDRESS / BUSINESS NAME CHANGE REQUEST FORM

LICENSE NAME AND NUMBER

Name (*Print name of licensee*)

CCB license number

ADDRESS CHANGE

NEW street address or PO Box

(_____)_____
Phone number

City

State

Zip

County

- Please add/change my Email address _____
- Please also change my Oregon Certified Home Inspector Certification (OCHI) record.
- Please change my Oregon Certified Home Inspector Certification (OCHI) record only OCHI number

ASSUMED BUSINESS NAME (ABN) CHANGE

- I have **changed** my assumed business name with the Corporation Division and want the following ABN(s) added to my record. I want my current ABN(s) **removed** from my record.

- I want to **add** the following to my record. The new assumed business name is filed with the Corporation Division. I want my current ABN(s) to **remain** on my record.

Corporation Division Registry number [call 503-986-2200] _____

BUSINESS ENTITY NAME AMENDMENT

This option applies if you have amended your business name, but your registry number and entity type have remained the same (Corporation, LLC). If you have filed a new business name or filed a new entity type or have received a new corporation division registry number, please contact the CCB at 503-378-4621 for a new application packet, or go to our website at www.oregon.gov/CCB.

Amended name _____

Corporation Division Registry number [call them at 503-986-2200] _____

REQUIRED: I have attached a rider from my bond company **and** a Certificate of Insurance reflecting the amended name.

SIGNATURE

Printed Name
(*Print name of sole proprietor, partner, LLC member or corporate officer*)

(_____)_____
Phone number

Signature (*Required*)

Date (*Required*)