



## INACTIVE LICENSE STATUS REQUEST FORM

FEE: \$ 20.00

**NOTE:** A contractor having an inactive license is still subject to renewal requirements and fees, but is not subject to the bonding, insurance, or training requirements. A license may not be placed in an inactive status more than once during any two-year renewal period.

### NAME AND LICENSE NUMBER

Name of Business Entity	CCB License Number

### BUSINESS PRACTICE DECLARATION

I am requesting that the above license be placed into the **voluntary inactive status**. I understand that the above licensee must comply with **all** the following conditions while in the voluntary inactive status:

1. The licensee will not engage in construction work.
2. The licensee will not offer to undertake work, advertise work as a contractor, submit a bid for construction work, obtain a building permit or perform construction work of any kind.
3. The licensee will notify the CCB, comply with all licensing requirements, and change the license status back to active before engaging in work as a contractor, offering to undertake work as a contractor, advertising as a contractor, submitting a bid for construction work, obtaining a building permit or performing work of any kind.
4. The licensee will notify the CCB within 10 days of an address change.
5. The licensee will maintain an active filing of the business entity at the Oregon Corporation Division.

### SIGNATURE

By signing below, I certify on behalf of the licensee that I have read the above, and that the licensee will comply with each requirement or face possible civil penalties up to \$5,000 and revocation of this license.

\_\_\_\_\_  
Person making request (Please print name of sole proprietor, partner, officer, member, or trustee)

\_\_\_\_\_  
Signature (Sole proprietor, partner, officer, member or trustee)

\_\_\_\_\_  
Date

## PAYMENT INFORMATION

Please read the instructions carefully prior to submitting the payment to the Board's office.

For your protection, **EMAIL SUBMISSIONS WILL NOT BE ACCEPTED**. By signing below, I understand that once the fee has been paid it is non-refundable.

You may submit payment using **ONE** of the following options (*please select only one*):

### Payment by Debit or Credit Card

Approval Code: \_\_\_\_\_

**VISA, MASTERCARD, or DISCOVER ONLY** for credit card payments

I authorize the amount of **\$20.00** license application fee to be charged to my card.

VISA

MASTERCARD

DISCOVER

Card Number \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_

CVV (3-digit Code) \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Card Holder's Billing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Authorized Signature **REQUIRED** \_\_\_\_\_

### Secure Fax (only if paying by debit or credit card)

You may fax your completed application & payment to the office using our secure fax at (503) 373-2155.

### Payment by Check

Check or Money Order can be made payable to the Oregon Construction Board or Oregon CCB. Mail completed application and check/money order to the Board office at:

Regular Mail:

P.O. BOX 14140

Salem, OR 97309-5052

Priority Mail:

201 High St SE, Ste. 600

Salem, OR 97301

**Questions??** If you need assistance, please contact the CCB at

(503) 378-4621

**Please allow 2-3 weeks for processing**

IMPORTANT: Incomplete information or payment will delay the processing time. Verify the information provided is complete and accurate prior to submitting.

FOR OFFICE USE ONLY  
AMOUNT PAID