



CONSTRUCTION CONTRACTORS BOARD

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Email ccb.info@state.or.us
www.oregon.gov/ccb



LBPR TERMINATION REQUEST FORM - NO FEE REQUIRED

Name _____
(Print name of licensed entity) _____ *LBPR License No.*

The license is being terminated for the following reason:

- Change of entity – Application for new LBPR license will be required for new CCB
- Associated CCB is in the Inactive Status or is being placed on Inactive
 - LBPR renewal or active request letter will be required if you return to active status & will need the LBPR license
- Dissolution of the business
- Owner is deceased
 - Please submit the certificate of death
- Other reason

Terminate the above LBPR license effective the date this document is received or terminate at the future date indicated below:

- Termination to be effective: _____
- Terminate when my new CCB is active.

I understand that the above entity will no longer be licensed in the State of Oregon to do lead paint activities and will comply with ALL of the following conditions:

1. This entity will not engage in lead based paint activities.
2. This entity will not offer to undertake work, advertise work as a lead based paint certified contractor, and will not submit a bid for jobs that involve lead based paint work of any kind.

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

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

Signature _____ _____ *Date*
(Sole proprietor, partner, officer, member or trustee)