



**CONSTRUCTION
 CONTRACTORS BOARD**
 PO Box 14140
 Salem OR 97309-5052
 Phone: 503-378-4621
 Fax: 503-373-2007
www.oregon.gov/ccb



RESPONSIBLE MANAGING INDIVIDUAL CHANGE REQUEST FORM

Form Page 1 of 2

ENTITY NAME AND CCB NUMBER

Name of business _____

CCB License Number _____

REMOVE RESPONSIBLE MANAGING INDIVIDUAL (RMI)

Print full name of RMI to be removed: _____

*****If you are removing yourself – Complete & Sign in the designated area on page 2*****

ADD RESPONSIBLE MANAGING INDIVIDUAL (RMI) (Please Note: A license may have more than one RMI)

1. Print **full legal name** of new RMI _____

Full legal first name	Full legal middle name	Full legal last name
_____ / ____ / ____	_____	_____
Date of birth	Last 4 digits of SSN	Driver's License # & State of Issue

2. The RMI listed above is: An owner, partner, corporate officer, LLC member or trustee
 An employee

3. This RMI is the: Primary RMI Additional RMI

4. (A) TRAINING AND TESTING:

The RMI completed the 16-hour training, and **passed the test within 24 months** of the date of this application.

Yes No If yes, please attach a copy of the test site score report. **OR**

The RMI completed the 16-hour training, passed the test and is the RMI of a license that is either currently active or has not lapsed for more than 24 months prior to the date of this application.

Yes No If yes, CCB License Number: _____

(B) EXPERIENCE: The training and test are not required if:

- a. The RMI was listed on CCB's records as having been an owner or officer of a licensed construction contractor **before July 1, 2000, and**
- b. The license of the contractor referred to above has not lapsed for more than 24 months since July 1, 2000, **and**
- c. The RMI has been listed on CCB's records as having been an owner, officer, or RMI of a licensed contractor during the 24-month period before the date of the application for the new license.

Does the RMI meet the experience requirement?

Yes No If yes, CCB License Number: _____

CONSTRUCTION DEBT (Must Check at least one box)

Relating to construction activities, check all that apply to each RMI being added to this CCB License. If any of the below construction debt exists provide copies of the court actions or final orders related to the action.

- A final judgment entered within five years preceding this application that remains unsatisfied against the person by a court in any state that requires the person to pay money to another person or to a public body.
- A final order issued within five years preceding this application that remains unsatisfied against the person by an administrative agency in any state that requires the person to pay money to another person or to a public body.
- A court action that is currently pending against the person in any state that alleges the person owes money to another person or to a public body.
- An action currently pending by an administrative agency in any state with an order seeking that the person pay money to another person or to a public body.
- None of the above are applicable to any person being added in this application.**



**CONSTRUCTION
CONTRACTORS BOARD**
 PO Box 14140
 Salem OR 97309-5052
 Phone: 503-378-4621
 Fax: 503-373-2007
www.oregon.gov/ccb



RESPONSIBLE MANAGING INDIVIDUAL CHANGE REQUEST FORM
Form Page 2 of 2

CRIMINAL BACKGROUND

Has the RMI being added to this CCB License 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 on a separate piece of paper. Include police reports, court documents and letters of reference.

	<u>Date</u>	<u>State</u>	<u>County</u>		<u>Date</u>	<u>State</u>	<u>County</u>
<input type="checkbox"/> Murder	_____	_____	_____	<input type="checkbox"/> Robbery 1	_____	_____	_____
<input type="checkbox"/> Assault 1	_____	_____	_____	<input type="checkbox"/> Theft 1	_____	_____	_____
<input type="checkbox"/> Kidnapping	_____	_____	_____	<input type="checkbox"/> Arson 1	_____	_____	_____
<input type="checkbox"/> Sexual abuse	_____	_____	_____	<input type="checkbox"/> Theft by extortion	_____	_____	_____
<input type="checkbox"/> Rape, sodomy or unlawful sexual penetration	_____	_____	_____				

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.

SIGNATURE(S) OF the RESPONSIBLE MANAGING INDIVIDUAL (RMI) to be added

As an RMI, I certify that: (1) I have management or supervisory authority over the construction activities of the business; and (2) 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 license applicant unless that construction debt is satisfied, paid, or discharged.

In addition, I certify that the above information is complete and accurate.

 Signature of RMI (required) _____
 Date (required)

SIGNATURE OF RMI who is REMOVING THEMSELVES *Only complete this area out if you are removing yourself*

Please remove me from the position of RMI from this CCB effective immediately unless otherwise noted below:

 Print the Responsible Managing Individual's (RMI's) full legal name for self-removal _____
 Removal Effective Date *if different then rcvd date*

 Signature of Responsible Managing Individual (RMI) who is removing themselves _____
 Date (Required)

SIGNATURE OF OWNER, PARTNER, CORPORATE OFFICER or MEMBER making the request

 Printed name of current owner, partner, corporate officer or member of the CCB making this request

 Signature of current owner, partner, corporate officer or member of the CCB making this request _____
 Date (Required)