



**CONSTRUCTION  
CONTRACTORS BOARD**  
PO Box 14140  
Salem OR 97309-5052  
503-378-4621  
[www.oregon.gov/ccb](http://www.oregon.gov/ccb)



## TEMPORARY RESPONSIBLE MANAGING INDIVIDUAL (RMI) REQUEST

### NAME AND LICENSE NUMBER

\_\_\_\_\_

Name of business \_\_\_\_\_ CCB license number \_\_\_\_\_

### **REMOVE** EXISTING RESPONSIBLE MANAGING INDIVIDUAL (RMI)

Print full name of RMI \_\_\_\_\_

### **ADD** TEMPORARY RESPONSIBLE MANAGING INDIVIDUAL (RMI)

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

\_\_\_\_\_

Full legal first name      Full legal middle name      Full legal last name

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Date of birth      Last 4 digits of SS#      Driver's License #      State issued

2. The RMI listed above is:     An owner, partner, corporate officer, LLC member or trustee  
 An employee or officer that is not a shareholder or is a minority shareholder

### TEMPORARY RMI SIGNATURE

As a temporary RMI, I certify that: (1) I have management or supervisory authority over the construction activities of the business; (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 licensee until that debt is satisfied, paid or discharged; and, (3) This designation is only valid for a maximum of 14 days, or until a qualified individual is appointed as the permanent RMI, whichever is the shorter period of time.

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

\_\_\_\_\_

Signature of RMI \_\_\_\_\_ Date \_\_\_\_\_

### SIGNATURE OF OWNER

\_\_\_\_\_

Print name of sole proprietor/ partner/ LLC member/ corporate officer making request      (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Signature of person making request      Date \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_