



CONSTRUCTION CONTRACTORS BOARD

PO Box 14140 Salem OR, 97309-5052
Phone (503) 378-4621 | Fax (503) 373-2007
Email: ccb.info@ccb.oregon.gov
www.oregon.gov/ccb



TERMINATION REQUEST FORM

Business Entity Name _____

CCB License No. _____

The license is being terminated for the following reason:

- Change of entity
- Dissolution of the business
- Owner is deceased
 - Please submit the certificate of death
- Terminate the LBPR license associated to this entity
 - Please submit a Lead-Based Paint application for the new entity, if applicable
- Other reason(s): _____

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

- Effective Date of Termination: _____
- Terminate when my new CCB license is active

I understand that the above entity will no longer be licensed in the State of Oregon and will comply with the following conditions:

1. This entity will not engage in construction work.
2. This entity 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.

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 (Sole proprietor, partner, officer, member, or trustee) _____

Date _____