



# APPLICATION FOR CONSTRUCTION FLAGGING CONTRACTOR LICENSE

**Office location:**

201 High St SE, Suite 600  
Salem, OR 97301

**Mailing address:**

PO Box 14140  
Salem, OR 97309-5052

**For assistance call:**

503-378-4621

**Website address:**

[www.oregon.gov/ccb](http://www.oregon.gov/ccb)

**Information email:**

[ccb.info@state.or.us](mailto:ccb.info@state.or.us)

## HOW TO FILL OUT THE CONSTRUCTION FLAGGING CONTRACTOR LICENSE APPLICATION

- ✓ Complete **every** section of the application, using black or dark blue ink (no other colored ink or pencil).
- ✓ This form may **ONLY** be used to apply for a new license, not to renew an existing license.
- ✓ If you are **sole proprietor**, complete/submit only pages 1 & 4-10 **OR**
- ✓ If your business is a **corporation, limited liability company or trust**, complete/submit only pages 2 & 4-10 **OR**
- ✓ If your business is any type of **partnership or a joint venture**, complete/submit only pages 3-10.
- ✓ Attach a Construction Flagging Contractor Surety Bond for the proper amount in the **exact name(s)** listed on line “A” to your completed and signed application. (Limited partnerships must have the bond in the name of the general partner(s) as well as the limited partnership name.)
- ✓ Attach a Certificate of Liability Insurance, in the **exact name** listed on line “A”, naming CCB as the certificate holder, to your completed and signed application.
- ✓ Submit your completed and signed application, with \$250, the original Surety Bond, and the Certificate of Liability Insurance to CCB. Payment must be made by credit card, check, or money order. Cash is not accepted.

**All documents – the application, bond and insurance – MUST be submitted together. Licensing will be delayed if application is incomplete or documents are missing.**

### **Who needs a Construction Flagging Contractor License?**

Per ORS 701.470

A Construction Flagging Contractor is a person or business who employs , contracts with, or obtains through a worker leasing company, one or more individuals to act as construction flaggers.

Construction flaggers are individuals who, for compensation, direct the flow of motor vehicle traffic on a public roadway to prevent conflict between the flow of traffic and construction activity on or near the roadway.

A construction flagger does NOT mean an individual performing work for the federal government, a public body, or a business regulated by the Public Utility Commission.



# CCB LICENSE APPLICATION

*CCB use only:* License No. \_\_\_\_\_  
 Eff. \_\_\_\_\_ to \_\_\_\_\_  
 ENF  CBO  RBO  CORP DV  ABN  
 NAME CHECK \_\_\_\_\_  
 Educ. \_\_\_\_\_ Test \_\_\_\_\_

## CONSTRUCTION FLAGGING CONTRACTOR

Select your entity type by completing the proper section on page 1, 2 or 3. Pages 4-10 **MUST** be completed by all applicants.

**SOLE PROPRIETORSHIP – Complete this page, then skip to page 4.**

**ENTITY (OWNERSHIP) The owner must be 18 years or older. All information is REQUIRED.**

A) \_\_\_\_\_  
 Full legal first name      Full legal middle name      Full legal last name

\_\_\_\_\_      \_\_\_\_\_  
 Date of birth      Social Security number\*

\_\_\_\_\_      \_\_\_\_\_  
 Driver's license number      State driver's license issued

B) \_\_\_\_\_  
 Business **mailing** address      City      State      Zip      County

\_\_\_\_\_  
 Business **physical** address      City      State      Zip      County

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Telephone number      Fax number      E-mail address

\* You must provide your Social Security number for any individuals licensed or certified by the CCB, per 42 USC 666(13)(a), ORS 25.785 and ORS 701.046.

# CONSTRUCTION FLAGGING CONTRACTOR

**CORPORATION, LIMITED LIABILITY COMPANY (LLC) or TRUST –  
Complete this page, then skip to page 4.**

**ENTITY (OWNERSHIP) All owners must be 18 years or older. All information is REQUIRED.**

A) \_\_\_\_\_  
Corporate or LLC name. Print/type **exactly** as filed at Corporation Division\* \_\_\_\_\_ Oregon corporate or LLC registry number

\_\_\_\_\_  
Corporate or LLC **mailing** address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_\_  
Corporate or LLC **physical** address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_\_  
Business phone number \_\_\_\_\_ Business fax number \_\_\_\_\_ Business e-mail address \_\_\_\_\_

B) \_\_\_\_\_  
**Officer/member full legal first name** \_\_\_\_\_ **Full legal middle name** \_\_\_\_\_ **Full legal last name** \_\_\_\_\_

\_\_\_\_\_  
Date of birth \_\_\_\_\_ Driver's license # \_\_\_\_\_ State issued \_\_\_\_\_ Last 4 digits of Social Security Number \_\_\_\_\_

\_\_\_\_\_  
**Officer/member full legal first name** \_\_\_\_\_ **Full legal middle name** \_\_\_\_\_ **Full legal last name** \_\_\_\_\_

\_\_\_\_\_  
Date of birth \_\_\_\_\_ Driver's license # \_\_\_\_\_ State issued \_\_\_\_\_ Last 4 digits of Social Security Number \_\_\_\_\_

\_\_\_\_\_  
**Officer/member full legal first name** \_\_\_\_\_ **Full legal middle name** \_\_\_\_\_ **Full legal last name** \_\_\_\_\_

\_\_\_\_\_  
Date of birth \_\_\_\_\_ Driver's license # \_\_\_\_\_ State issued \_\_\_\_\_ Last 4 digits of Social Security Number \_\_\_\_\_

**You must provide the above information for all corporate officers or members per ORS 701.046.** If necessary, attach an additional page to list additional officers or members. Include full legal name, date of birth, and driver's license number. If a member is another entity, please include the full legal name, date of birth, and driver's license number for each officer of the member entity.

# **CONSTRUCTION FLAGGING CONTRACTOR**

## **PARTNERSHIP, JOINT VENTURE, LIMITED LIABILITY PARTNERSHIP (LLP) or LIMITED PARTNERSHIP (LP)**

**ENTITY (OWNERSHIP) All owners must be 18 years or older.**

**Partnerships, limited liability partnerships, and joint ventures must complete sections A & B, OR limited partnerships (LP) must complete sections A & C.**

A) \_\_\_\_\_  
LP name (or LLP business name, if applicable.) Print name **exactly** as registered. LP or LLP registry number

\_\_\_\_\_

Business <b>mailing</b> address	City	State	Zip	County
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\_\_\_\_\_

Business <b>physical</b> address	City	State	Zip	County
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\_\_\_\_\_/\_\_\_\_\_  
Business telephone number Business fax number Business e-mail address

**COMPLETE THIS SECTION FOR PARTNERSHIPS, LIMITED LIABILITY PARTNERSHIPS, AND JOINT VENTURES ONLY:**

B) \_\_\_\_\_

Partner's full legal first name	Full legal middle name	Full legal last name
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\_\_\_\_\_

Date of birth	Driver's license #	State issued	Last 4 digits of Social Security Number
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\_\_\_\_\_

Partner's full legal first name	Full legal middle name	Full legal last name
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\_\_\_\_\_

Date of birth	Driver's license #	State issued	Last 4 digits of Social Security Number
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**COMPLETE THIS SECTION FOR LIMITED PARTNERSHIPS ONLY:**

C) \_\_\_\_\_

General/limited partner's legal first name	Full legal middle name	Full legal last name
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\_\_\_\_\_

Date of birth	Driver's license #	State issued	Last 4 digits of Social Security Number
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\_\_\_\_\_

General/limited partner's legal first name	Full legal middle name	Full legal last name
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\_\_\_\_\_

Date of birth	Driver's license #	State issued	Last 4 digits of Social Security Number
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**You must provide the above information for all partners per ORS 701.046.** If necessary, attach an additional page to list additional partners/ventures. Include full legal name, Social Security number, date of birth, and driver's license number for all partners. If a partner is a business entity, please provide the full legal name, SSN, date of birth and driver's license number for each entity's members or corporate officers.

## WORKERS' COMPENSATION CLASSES AND EMPLOYER ACCOUNT NUMBERS

1) Determine your workers' compensation class by answering the following question:

Do you have employees, including leased employees?  Yes  No

Do you have three or more officers, members, partners or trustees who are not all immediate members of the same family?  Yes  No

Do you have three or more unrelated officers, members, partners or trustees and at least one of them is a working officer, member or trustee?  Yes  No

If you checked "Yes" for any of the questions above, you are *nonexempt*, and must provide:

Workers' Compensation Policy Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

*For leased employees, use the leasing company's workers' compensation information.*

### **EMPLOYER ACCOUNT NUMBERS:**

2) Oregon Business Identification Number (BIN): \_\_\_\_\_.

- Usually required if the business has employees.
- It is not the Social Security Number or the business registry number.
- Contact the Oregon Department of Revenue at 503-378-4988 for more information.

3) Federal Employer Identification Number (EIN): \_\_\_\_\_.

- Usually required if the business has employees.
- It is not the Social Security Number or the business registry number.
- Contact the Internal Revenue Service at [www.irs.gov](http://www.irs.gov) for more information.

### **FAMILY RELATIONSHIP IDENTIFICATION:**

4) If you have three or more officers, members, partners or trustees, and they are all part of the same family, complete the information below.\*

Self \_\_\_\_\_ Spouse \_\_\_\_\_

Son(s) \_\_\_\_\_ Daughter(s) \_\_\_\_\_

Daughter(s)-in-law \_\_\_\_\_ Son(s)-in-law \_\_\_\_\_

Grandchildren \_\_\_\_\_ Parents \_\_\_\_\_

Brother(s) \_\_\_\_\_ Sister(s) \_\_\_\_\_

\* If this is an all-family corporation, limited liability company, partnership or trust, the business *may* be exempt from workers' compensation insurance. If the family relationship is not listed above (cousins, aunts, uncles, etc), then your business is nonexempt and workers' compensation must be provided.

## ASSUMED BUSINESS NAME (IF APPLICABLE)

Business name \_\_\_\_\_

ABN registry number \_\_\_\_\_

If you are using an assumed business name, but haven't registered it yet, contact the Oregon Secretary of State to do so.

## RESPONSIBLE MANAGING INDIVIDUAL (RMI)

A Construction Flagging Contractor must have an RMI at all times, who may be an owner, officer, partner or employee of the business applying for the license. No pre-license training or testing is required.

The RMI must manage or supervise the construction activities of the business by participating in (1) the administration of construction contracts; or (2) the administration of the day-to-day operations.

### RMI INFORMATION

- 1) The business' RMI is \_\_\_\_\_  
(Print **full** legal name, including middle name)
- 2) The RMI's identifying information: Driver's License number: \_\_\_\_\_ State issued in: \_\_\_\_\_
- 3) Date of Birth: \_\_\_\_\_ Last 4 digits of Social Security Number: \_\_\_\_\_
- 4) The RMI is an:  **Owner**  **Employee**
- 5) As the RMI, I certify that:
  - a) I have management or supervisory authority over the construction activities of the business; and
  - b) 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 construction debt is satisfied, paid, or discharged.

\_\_\_\_\_  
Signature of Responsible Managing Individual

\_\_\_\_\_  
Date

## CONSTRUCTION DEBT

- 1) Check each box below if the business, or any person listed in this application, has outstanding:
  - A final, unpaid order or a final, unpaid arbitration award issued by the Construction Contractors Board.
  - A final, unpaid court judgment; a final, unpaid arbitration award; or a final, unpaid civil penalty arising from construction activities within the United States.
  - A final, unpaid court judgment or final, unpaid civil penalty arising from failure to maintain workers' compensation insurance or pay workers' compensation awards.
  - An amount owed to employees of a construction contracting business for unpaid wages.
- 2)  Check here if neither the business, or any person listed have any outstanding debts as defined in number 1.
- 3) If any box is checked in number 1 above, provide copies of the order(s), arbitration award(s), judgment(s), civil penalties or evidence of other obligation.

**CRIMINAL BACKGROUND\***

Has any person listed on this application 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 written, detailed explanation of the crime written by that applicant. Include **ALL** police reports and court documents related to the incident.

	<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.**

**INDEPENDENT CONTRACTOR CERTIFICATION**

All applicants must certify that their business activities will be performed in compliance with Oregon’s independent contractor law (ORS 670.600) by answering yes to items 1-4 below. Any *no* answers will prevent licensure.

**At all times while conducting business as a CCB licensee:**

	YES	NO	
1			The applicant will be free from a client’s direction and control over the means and manner of providing the services. The applicant is subject only to the right of the client, for whom the services are provided, to specify the desired results of the work.
2			<p>The applicant will be customarily engaged in an independently established business by <b>at least three</b> of the following criteria:</p> <p>a. Maintaining a business location that is separate from the business or work location for whom the services are provided; or that is in a portion of the applicant’s residence and that portion is used primarily for the business.</p> <p>b. Bearing the risk of loss related to the business or provision of services as shown by factors such as: entering into fixed-price contracts; a requirement to correct defective work; warranties the services provided or the applicant negotiates indemnification agreements or purchases liability insurance performance bonds or errors and omissions insurance.</p> <p>c. Providing contract services for two or more different persons within a 12 month period, or routinely engaging in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to provide similar services.</p> <p>d. Making significant investment in the business, through means such as: purchasing tools or equipment necessary to provide the services; paying for the premises or the facilities where the services are provided; or paying for the licenses, certificates or specialized training required to provide the services.</p> <p>e. Having the authority to hire other persons to provide or to assist in providing the services and has the authority to fire those persons. Contractors hiring employees must be licensed under the non-exempt class of independent contractor and carry proper workers’ compensation insurance to protect subject workers.</p>
3			The applicant will maintain an active license with the CCB in accordance with ORS 701 while performing construction activities.
4			The applicant is responsible for obtaining other licenses or certificates necessary to provide the construction services.

## SIGNATURES

- 1) To the best of my knowledge, the information on this application is complete, correct and accurate.
- 2) For as long as this license is in effect, the applicant will continue to carry the required liability insurance and surety bond.
- 3) Effective the date of this application, if the applicant hires employees, the applicant is required to comply with workers' compensation laws, and will maintain a workers' compensation insurance policy as long as the applicant is an employer.
- 4) If the Responsible Managing Individual (RMI) leaves the business, the applicant will notify the CCB in writing immediately, **and** will provide CCB with a new RMI or qualifying individual's name.
- 5) The applicant will operate as an independent contractor per ORS 670.600.
- 6) The applicant understands that any and all information regarding their license may be shared with other government agencies.
- 7) The applicant must remain in compliance with the terms of this license. Failure to do so could result in a civil penalty of up to \$5,000 per offense and/or license suspension or revocation.
- 8) If this business incurs a construction debt that it does not pay, the individual(s) understands that they may be prohibited from serving as an owner, officer, or RMI of another license applicant until that construction debt is satisfied, paid, or discharged.
- 9) The applicant understands that signing below as an owner, partner, corporate officer, LLC member, trustee, or RMI of this application, he/she will be held liable for the licensee's compliance with all applicable statutes and rules.

**By signing below, I certify that I have read and understand the statements listed above.**

**PLEASE NOTE: All owners, officers, members AND the RMI MUST sign, or licensing will be delayed.**

_____ Signature of RMI	_____ Printed name	_____ Date
_____ Signature of sole proprietor	_____ Printed name	_____ Date
_____ Signature of corporate officer/LLC member/partner/trustee	_____ Printed name	_____ Date
_____ Signature of corporate officer/LLC member/partner/trustee	_____ Printed name	_____ Date
_____ Signature of corporate officer/LLC member/partner/trustee	_____ Printed name	_____ Date
_____ Signature of corporate officer/LLC member/partner/trustee	_____ Printed name	_____ Date

*If necessary, attach an additional page to list additional partners, corporate officers, LLC members/managers, or trustees.*

