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

Information email:
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.
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**.

<table>
<thead>
<tr>
<th>A)</th>
<th>Corporate or LLC name. Print/type exactly as filed at Corporation Division*</th>
<th>Oregon corporate or LLC registry number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Corporate or LLC <strong>mailing</strong> address</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>Corporate or LLC <strong>physical</strong> address</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>Business phone number</td>
<td>Business fax number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B)</th>
<th>Officer/member full legal first name</th>
<th>Full legal middle name</th>
<th>Full legal last name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date of birth</td>
<td>Driver’s license #</td>
<td>State issued</td>
</tr>
</tbody>
</table>

**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 **mailing** address  
   City State Zip County

   Business **physical** address  
   City State Zip County

   / ___________________________ / ___________________________  
   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

   Date of birth  
   Driver’s license #  
   State issued  
   Last 4 digits of Social Security Number

   Partner’s 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

**COMPLETE THIS SECTION FOR LIMITED PARTNERSHIPS ONLY:**

C) ________________________________________________________________
   General/limited partner’s 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

   General/limited partner’s 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 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 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.

**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:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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.</td>
</tr>
</tbody>
</table>
| 2   | The applicant will be customarily engaged in an independently established business by at least three of the following criteria:
    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.
    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.
    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.
    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.
    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. |
| 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. |
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

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.
APPLICATION FEE

By signing below, I understand that once the license has been issued, the $250 application fee is non-refundable.

SELECT A PAYMENT OPTION BELOW. CCB DOES NOT ACCEPT CASH.

☐ Check or money order enclosed made payable to the Construction Contractors Board

☐ Debit card

Credit Card:  ☐ Visa  ☐ MasterCard  ☐ Discover

I authorize the $250 application fee to be charged to my credit card.

Account #: _____________________________________________________________

CVV No.________________________  Expiration Date (Mo/Yr):____________________

Print Name as Displayed on Card: __________________________________________

Credit Card Holder’s Billing Address: ________________________________________

(Street)  (City, State, Zip)

Signature: ______________________________________________________________

Please allow 7-10 business days for processing.

Faxed or emailed applications cannot be accepted.

SUBMIT COMPLETED APPLICATION, BOND AND INSURANCE TO:

MAIL:  PO BOX 14140, Salem, OR 97309-5052.

IN-PERSON or OVERNIGHT MAIL:  201 High St SE, Suite 600, Salem, OR 97301

Lobby hours are from 8 a.m. to 5 p.m. each business day, except for Tuesdays, which are from 9 a.m. to 5 p.m.

Please arrive before 4 p.m. to allow time for processing your application that day.

✓ IMPORTANT: Incomplete applications or missing or incorrect documents will delay licensing.