TERMINATION REQUEST FORM - NO FEE REQUIRED

Name ____________________________

(Print name of licensed entity) 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
☐ Other reason

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

☐ Termination to be effective: ________________________
☐ Terminate when my new CCB is active.

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

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