



CONSTRUCTION CONTRACTORS BOARD

PO Box 14140
Salem OR 97309-5052
503-378-4621
www.oregon.gov/ccb



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