





**CONSTRUCTION  
CONTRACTORS BOARD**  
 PO Box 14140  
 Salem OR 97309-5052  
 Phone: 503-378-4621  
 Fax: 503-373-2007  
[www.oregon.gov/ccb](http://www.oregon.gov/ccb)



**RESPONSIBLE MANAGING INDIVIDUAL CHANGE REQUEST FORM**  
**Form Page 2 of 2**

**CRIMINAL BACKGROUND**

Has the RMI added to this CCB License 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 detailed explanation of the crime on a separate piece of paper. Include police reports, court documents and letters of reference.

	<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.**

**SIGNATURE(S) OF the RESPONSIBLE MANAGING INDIVIDUAL (RMI) to be added**

As an RMI, I certify that: (1) I have management or supervisory authority over the construction activities of the business; and (2) 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 license applicant unless that construction debt is satisfied, paid, or discharged.

In addition, I certify that the above information is complete and accurate.

\_\_\_\_\_  
 Signature of RMI (required) \_\_\_\_\_  
 Date (required)

**SIGNATURE OF RMI who is REMOVING THEMSELVES Only complete this area out if you are removing yourself**

**Please remove me from the position of RMI from this CCB effective immediately unless otherwise noted below:**

\_\_\_\_\_  
 Print the Responsible Managing Individual's (RMI's) full legal name for self-removal \_\_\_\_\_  
 Removal Effective Date *if different then rcvd date*

\_\_\_\_\_  
 Signature of Responsible Managing Individual (RMI) who is removing themselves \_\_\_\_\_  
 Date (Required)

**SIGNATURE OF OWNER, PARTNER, CORPORATE OFFICER or MEMBER making the request**

\_\_\_\_\_  
 Printed name of current owner, partner, corporate officer or member of the CCB making this request

\_\_\_\_\_  
 Signature of current owner, partner, corporate officer or member of the CCB making this request \_\_\_\_\_  
 Date (Required)