

OREGON LANDSCAPE CONTRACTORS BOARD

2111 Front St. NE, Ste 2-101
Salem, OR 97301
Phone: (503) 967-6291
Fax: (503) 967-6298
www.oregon.gov/lcb



CHANGE OF ADDRESS REQUEST

Please change the address for the following license(s):

- Landscape Construction Professional License # _____**
- Business License # _____**

Name _____

Business Name _____

New Mailing Address _____

New Physical Address _____

Phone number _____

Email Address _____

ORS 671.600 & ORS 671.603 require all licensees to notify the State Landscape Contractors Board within 30 days of any address changes while licensed and for a period of one year after a license expires.

Signature: _____

Date: ____/____/____

Licensee/Owner/Member/Officer

You may fax, email or mail this form to:

**LCB
2111 Front St. NE, Ste 2-101
Salem, OR 97301
Fax (503) 967-6298
lcb.info@lcb.oregon.gov**