



Oregon Landscape Contractors Board
 2111 Front St. NE, Ste 2-101
 Salem, OR 97301
 Ph: (503) 967-6291
 Fx: (503) 967-6298
 Web: www.oregon.gov/lcb
 Email: lcb.info@oregon.gov

FOR BOARD USE ONLY	
Appvd	_____
Date	_____
ID #	_____

LANDSCAPE CONSTRUCTION PROFESSIONAL EXAM & LICENSE APPLICATION

APPLICATION TYPE & FEES

CHECK ONLY ONE BELOW:

- Traditional \$170 application fee
- Modified \$170 application fee
- Probationary \$160 application fee
- Arborist \$170 application fee
- Arborist currently licensed with CCB \$50 application fee through 12/31/2021

PLEASE CHECK HOW QUALIFYING: (select one)

- 1 Year Landscape Related (Modified only)
- 2 Years Landscape Related (all other phases)
- Horticulture Degree
- ISA Certified Arborist - please attach certificate
- Other _____

Please be sure to submit the documentation for your qualifying experience/education (copy of transcripts, employment verification form, landscape maintenance form, or certificates, etc.) with this application.

- I have enclosed a check or money order. Please make payable to the LCB.
- I am paying the application fee by credit card.
 ___ Visa ___ Mastercard ___ Discover ___ American Express

CREDIT CARD NUMBER

EXP DATE

CVV#

APPLICANT INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

Applicants must apply using their legal first and last name as it appears on their US or Canadian government issued identification.

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

PHYSICAL ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

() _____
PHONE NUMBER

() _____
MOBILE PHONE NUMBER

BIRTHDATE

SOCIAL SECURITY NUMBER OR FEDERALLY-ISSUED ID NUMBER

EMAIL ADDRESS

BACKGROUND INFORMATION

Have you previously applied for or been a licensed landscape construction professional in Oregon?

No Yes

Have you ever been convicted of any of the felonies listed in the table below?

No Yes

If yes, check the appropriate box(es) and fill in the information below.

Felony	Date	State	County	Felony	Date	State	County
<input type="checkbox"/> Murder				<input type="checkbox"/> Robbery I			
<input type="checkbox"/> Assault I				<input type="checkbox"/> Theft I			
<input type="checkbox"/> Kidnapping				<input type="checkbox"/> Arson I			
<input type="checkbox"/> Sexual abuse				<input type="checkbox"/> Theft by extortion			
<input type="checkbox"/> Rape, sodomy or unlawful sexual penetration				If you are under supervision, list the name and contact number for your supervisor:			

Please provide a detailed explanation of the felony on a separate piece of paper and submit police reports, court reports, and all other pertinent documentation. Providing incomplete or inaccurate information may delay or stop approval. The LCB has the authority to check all applicants' criminal history.

WORK HISTORY VERIFICATION

If you are qualifying to sit for the exam based on landscape related employment or owner of a landscape maintenance business registered with the Secretary of State, please complete this section. **Two (2) years' landscape related experience within the last 10 years is required (only one (1) year experience required for a modified license).** Indicate the dates of employment or dates registered with the Secretary of State and a description of the landscape related experience or job duties while employed.

Employment start date: _____ Still employed? Yes No If no, end date: _____

Please check below your landscape related experience while employed (check all that apply):

- Landscape Construction
- Landscape Maintenance
- Nursery Work

Please briefly describe work duties while employed:

BUSINESS NAME ()
PHONE NUMBER

MAILING ADDRESS

NAME OF SUPERVISOR / OWNER EMAIL ADDRESS

Employment start date: _____ Still employed? Yes No If no, end date: _____

Please check below your landscape related experience while employed (check all that apply):

Landscape Construction

Landscape Maintenance

Nursery Work

Please briefly describe work duties while employed:

BUSINESS NAME ()
PHONE NUMBER

MAILING ADDRESS

NAME OF SUPERVISOR / OWNER EMAIL ADDRESS

LANDSCAPE MAINTENANCE VERIFICATION

If you owned your own maintenance company, not registered with the Secretary of State, or are qualifying to sit for the exam based on landscape maintenance experience, **please document customers covering a 2-year period within the last 10 years (only one (1) year experience required for a modified license)**. Please contact your customers and let them know that the LCB will be contacting them to verify your experience.

1. Name of customer _____ Phone number () _____

Address _____

Date(s) of project/work _____ ongoing maintenance one-time project

Description of work performed _____

2. Name of customer _____ Phone number () _____

Address _____

Date(s) of project/work _____ ongoing maintenance one-time project

Description of work performed _____

3. Name of customer _____ Phone number () _____

Address _____

Date(s) of project/work _____ ongoing maintenance one-time project

Description of work performed _____

APPLICANT SIGNATURE

I understand that I may practice landscape contracting only if I obtain a landscape contracting business license or if I am employed by a licensed landscape contracting business. I certify that the answers to all questions on this application are true and complete to the best of my knowledge.

For applicants who obtain a modified license:

By my signature below, I certify that I do not hold a residential or commercial general construction contractors license issued by the Oregon Construction Contractors Board and if I obtain this license with the Oregon CCB that my LCP license may be suspended, revoked, or otherwise not renewed until I obtain another phase of license with the LCB or no longer hold a residential or commercial general construction contractors license with the Oregon CCB.

SIGNATURE

DATE

IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER

I certify that I do not now have, nor have I ever had a social security number. I understand that if I obtain a social security number after submitting the application to the LCB that I am required to notify the LCB in writing of my social security number within 14 days of receiving the number. I also understand that if this statement is untrue it is grounds for revoking my Landscape Construction Professional license.

SIGNATURE

DATE

As part of your application you are required to provide your social security number or federal tax identification number (FIN) to the LCB. The authority for this requirement is ORS 305.385 and ORS 25.785. Failure to provide your social security number or FIN will be a basis to refuse to issue the license you seek. Although a number other than your social security number or FIN appear on the face of the license issued by the LCB, your social security number or FIN will remain on file with the LCB. This record of your social security number or FIN will be used for child support enforcement, collection and tax administration purposes only, unless you authorize other uses of the number. The LCB will not give out nor sell nor otherwise make your social security number or FIN available to the public. The LCB follows the Oregon Consumer Identity Theft Protection Act (ORS 646A.600-646A.628).

Note: Submitting a fraudulent social security number is grounds for refusing to issue, suspension or revocation of the Landscape Construction Professional license.