

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



**LANDSCAPE CONTRACTING BUSINESS
INACTIVE LICENSE STATUS REQUEST FORM**

There is a \$85 fee to change a license from active to inactive status at any time other than renewal.

I am requesting the Landscape Contractors Board (LCB) place my landscape contracting business license on inactive status per Chapter 609, 2005 Oregon Laws. I understand that I must abide by the following:

1. I understand the business remains subject to LCB jurisdiction;
2. I understand the business may not offer to undertake, advertise for, submit a bid for, obtain a permit for, or perform landscaping work while the license is inactive;
3. I understand I must notify the LCB of a change of address within 30 days of the change (\$200 fine for not doing so);
4. I understand the license fee must be received on or before the expiration date of this license;
5. In the event that the business wishes to reapply for an active license to perform landscape contracting work, I understand I will be required to meet all requirements of ORS Chapter 671 and OAR Chapter 808 and make such request in writing to the LCB;
6. I understand this inactive status request is only effective upon acceptance by the LCB; and
7. I understand that if the license was subject to discipline or probation by the LCB, I must satisfy any conditions imposed by the LCB as a result of the discipline or probation.

I understand and agree to abide by the above requirements. Please place my landscape contracting business license on inactive status.

Signature of Owner or Corporate Officer

Date

Printed Name of Owner or Corporate Officer

Business Name

License Number

PAYMENT OPTIONS:	
<input type="checkbox"/> Pay by Check (Make payable to OLCB)	
<input type="checkbox"/> ACH or Credit Card payment. An invoice will be sent to you by email.	
Your email address: _____	
<input type="checkbox"/> Pay by Phone (Credit Card Only)	
Your phone number: _____	

**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**