

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



**NAME CHANGE REQUEST
OR
ADD ASSUMED BUSINESS NAME**

Current business name: _____
License number: _____

Please change business name change to:

This change requires submission of bond rider and current certificate of insurance/workers comp showing the new business name being submitted for the change to take place.

Please add Assumed Business Name:

Registry Number _____

Please contact Secretary of State at 503-986-2200 or www.filinginoregon.com if you have any questions.

Signature _____
Owner/Member/Officer/Managing Employee

Date ____ / ____ / ____

Name _____
Please Print

If you are making a change in ownership to your business, please contact the LCB board.

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**