

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



VOLUNTARY RESIGNATION REQUEST FORM

for

Resignation of Landscape Construction Professional License

I am requesting the Landscape Contractors Board accept the resignation of my landscape construction professional license per OAR 808-003-0220.

I understand that I must abide by the following:

1. The license card issued to the business must be returned to the Board office;
2. In the event that the licensee wishes to reapply for a license to perform landscape contracting work, the licensee will be required to meet all requirements of ORS Chapter 671 and OAR Chapter 808;
3. If the licensee’s license is the subject of a Board investigation, or if disciplinary proceedings are pending against the licensee, the resignation may not be approved;
4. This resignation is effective upon acceptance by the Landscape Contractors Board;
5. The licensee must take all reasonable steps to avoid foreseeable harm to any client.

I understand and agree to abide by the above requirements. Please accept this as the resignation of my landscape contracting business license.

Landscape Construction Professional Name (Printed)

LCP License Number

Signature

Date

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**

FOR BOARD USE ONLY

Board Accepted Resignation _____

Board Denied Resignation _____