Individual Renewal Instructions

Go to https://www.oregon.gov/lcb/Pages/Update.aspx and **click on LCP Individual Licensee Portal**.

Click Activate now when the initial login screen pops up.
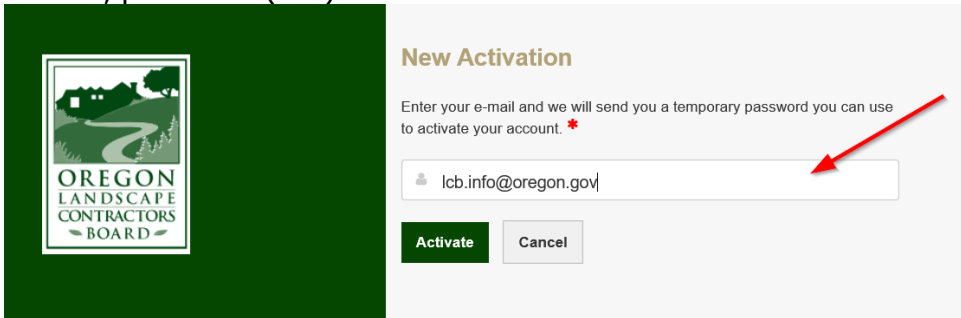
Enter your email address on record with the LCB. If you do not know the email address on record with the LCB, please call (503) 967-6291.
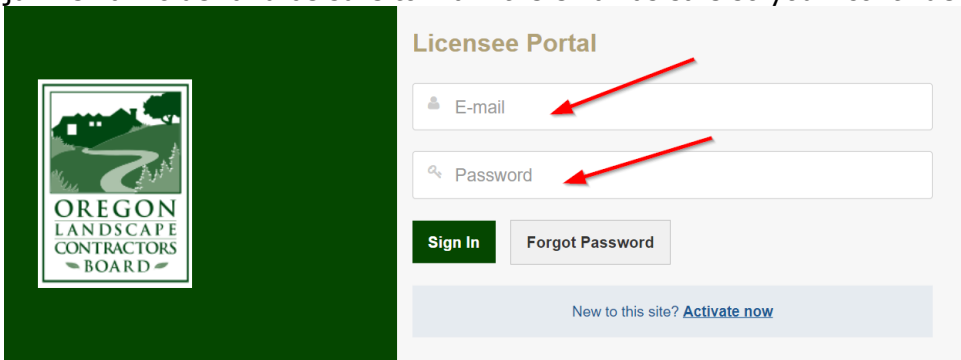

A temporary password will be emailed to you. If you do not see the email in your inbox, please check your junk email folder and be sure to mark the email as safe so you'll continue to receive emails from us.

Click on License Renewal which should show as "Available Now".

Click Start.

If needed, update license status to inactive. **Click Save and Continue**.

Update personal information as needed. Then **click Save and Continue.**

OREGON LANDSCAPE CONTRACTORS BOARD

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Personal Information
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Security Settings

Online License Renewal

3   Personal Information   Step 3 of 8

If your address, phone number or email changes outside of the renewal timeline please use our licensee portal to update your information.

Important: LCB requires that this information remains current at all times.

First Name   Kimberly

Last Name   Gladwill-Rowley

Date of Birth   07/07/1967

Mailing Address Line 1 * 123 Main St. NE

Mailing Address Line 2

Mailing City *   Salem

Mailing County *   MARION

Mailing State *   Oregon

Mailing Zip Code *   97303

Home Address Line 2

Home City

Home County   Select...

Home State   Select...

Home Zip Code

Primary Phone *   (503) 967-6291

Secondary Phone

Social Security Number   ***-**-*234

As part of your application for an initial, renewal, or reinstated professional license issued by the Oregon Landscape Contractors Board, you are required to provide your Social Security Number (SSN) to this agency for the purposes identified in this paragraph. This is mandatory. This record of your SSN will be used for child support enforcement, tax administration purposes (including identification), to verify military status prior to issuance of a final order, and to report any final adverse actions against you by the Board to the United States Department of Health and Human Services. The authority for this requirement is ORS 25.785, ORS 305.385, 50 USC App § 521 (b) (Supp. 2005), 42 USC § 405(c)(2)(C)(i), 42 USC § 1320a-7e and 45 CFR 61.7. Your SSN will remain on file with this agency for the above purposes. Failure to provide your SSN will be a basis to refuse to issue or renew the license you seek.

Additionally, pursuant to ORS 181.534 and ORS 670.280, your SSN will be used to conduct criminal background checks.

Primary E-mail   kgladwill@mail.com

Note: • Important notices and reminders will be sent to the primary email address throughout the year. Please make sure to check your inbox as well as spam folder on a regular basis. If you find our email in your spam folder, please ensure that you add us to your safe senders list. Only the Board has access to your primary email address, it is not shared.
       • Additionally, you have the option of adding a public email address to your account. This address may be the same as the primary email address, or it may be different. This email address will be shared when the Board receives a public records request for a licensee mailing list.

Public E-mail

By continuing submission of this application I declare to having verified the above information as complete and accurate.

‹ Back   Save & Continue ›

Update employment information. Using the + symbol, upload the Employment Verification form, if needed. Then **click Save & Back.**

Click + Add Activity to report continuing education.

Complete Continuing Education information based on your required reporting hours. Uploading certificates is optional, but recommended. Uploading certificates here allows for one central repository and will provide needed information automatically if you are included in an audit.

To add additional courses, click + Add Activity again and repeat steps above.

Once the box under **Certifying Statement is checked**, you can proceed to renewal payment by **clicking Save & Continue**.

Enter payment details using Visa, MasterCard, Discover, or American Express **the click Process Payment**.

If you wish to pay by check, click Pay by Check. This will generate an invoice for you to mail to LCB with your check. Please be sure to write your license number on the memo line of the check and include a copy of the invoice to ensure the payment is applied correctly.

You will receive a message stating that your renewal has been submitted with the option to view and print your receipt for payment.

If you selected the Pay by Check option, please print the invoice and mail your check to the LCB with a copy of the invoice.

Once your renewal has been approved by the Board, you will receive an email confirming your renewal. You will then be able to log in to the self-service portal and print your wallet card and wall certificate.