Minor Label Log

Department of Consumer & Business Services
Building Codes Division
P.O. Box 14470, Salem, OR 97309-0404
503-378-2804
www.minorlabels.info

Enter data online.
Keep this form for your records.

Contractor's name: _____   CCB no.: _____

Label #: _____   Job #:_____   Install date:_____   ❑ One- & two-family
Work description:_____   ❑ Commercial
Installer name: _____   Installer license:_____
Job address: _____
City: _____ , Oregon ZIP:_____
Owner address: _____
❑ Same as above   or City: _____ , Oregon ZIP:_____
Owner name:_____   Contact phone: _____

Label #.: _____   Job #:_____   Install date:_____   ❑ One- & two-family
Work description:_____   ❑ Commercial
Installer name: _____   Installer license:_____
Job address: _____
City: _____ , Oregon ZIP:_____
Owner address: _____
❑ Same as above   or City: _____ , Oregon ZIP:_____
Owner name:_____   Contact phone: _____

Label #.: _____   Job #:_____   Install date:_____   ❑ One- & two-family
Work description:_____   ❑ Commercial
Installer name: _____   Installer license:_____
Job address: _____
City: _____ , Oregon ZIP:_____
Owner address: _____
❑ Same as above   or City: _____ , Oregon ZIP:_____
Owner name:_____   Contact phone: _____

Label #.: _____   Job #:_____   Install date:_____   ❑ One- & two-family
Work description:_____   ❑ Commercial
Installer name: _____   Installer license:_____
Job address: _____
City: _____ , Oregon ZIP:_____
Owner address: _____
❑ Same as above   or City: _____ , Oregon ZIP:_____
Owner name:_____   Contact phone: _____

Label #.: _____   Job #:_____   Install date:_____   ❑ One- & two-family
Work description:_____   ❑ Commercial
Installer name: _____   Installer license:_____
Job address: _____
City: _____ , Oregon ZIP:_____
Owner address: _____
❑ Same as above   or City: _____ , Oregon ZIP:_____
Owner name:_____   Contact phone: _____

440-2748 (4/12/COM)