



Construction Contractors Board

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# CONTRACTOR LICENSE INSTRUCTIONS & APPLICATION

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Office Location:  
(Veteran Affairs Building)  
700 Summer Street NE  
Suite 300  
Salem, OR 97301

Mailing address:  
PO Box 14140  
Salem OR 97309-5052

For assistance call:  
503-378-4621

Website address:  
[www.oregon.gov/ccb](http://www.oregon.gov/ccb)

When you request a CCB application packet, your name and address become public information and by law, others have a right to that information. You may receive mailed advertisements from some training providers about their training. While most people don't like unsolicited mail, these mailings let you know more about them. They generally last a week or two.

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# INSTRUCTIONS

The CCB recommends saving these instructions  
for future reference.

## WHO IS REQUIRED TO BE LICENSED WITH THE CCB

Oregon's Construction Contractor Licensing Act, ORS Chapter 701, requires any "person" that is engaged for compensation in any construction activity involving improvements to real estate to be licensed with the Oregon Construction Contractors Board.

A license is required for any "person" that advertises, offers, bids or arranges to do, or actually does any construction, alteration, remodeling, or repair involving residential, commercial, industrial, or public works improvements. Inspection services, tree services, chimney sweep businesses and developers who build structures with the intent to sell are also required to become licensed.

"Person" includes self-employed individuals, partnerships, corporations, joint ventures, limited liability companies, limited liability partnerships, limited partnerships and trusts, whether working by the hour, week, job, or "cost-plus," and whether by written contract or oral agreement.

Violations for working while not licensed or working in the wrong classification can result in civil penalties of up to \$5,000 per offense.

## WHO IS NOT REQUIRED TO BE LICENSED WITH THE CCB

The following categories of construction work are exempt from licensing, according to ORS 701.010.

*If you have any doubt about whether you meet any of these exemptions, write to the CCB for clarification.*

1. Work on your own personal property as long as there is no intent to sell
2. Work within the boundaries of a federal site or reservation
3. Suppliers or delivery of materials with no arrangement for/or installation of the materials
4. Owners or residents who contract for work and do not intend to sell the structure
5. Owners who contract for one or more licensed contractors to perform work wholly or partially within the same calendar year on not more than three existing residential structures of the owner. This subsection does not apply to an owner contracting for work that requires a building permit unless the work that requires a permit is performed by, or under the direction of, a residential general contractor
6. Owner-builders who are not building the structure for resale
7. Licensed engineers, architects, water well contractors, sewage system installers, property managers, real estate managers/agents, and landscaping businesses, when operating within the scope of those licenses
8. Employees of property owners and licensed contractors
9. Mobile home manufacturers
10. Movers of modular structures
11. Commercial lending institutions
12. Units of government other than schools that sell student-built residential structures
13. Businesses that provide labor only, such as worker leasing companies or agencies supplying temporary help

## PLUMBERS AND ELECTRICIANS

Plumbers and electricians require a license with the Building Codes Division (BCD) and a business license with the Construction Contractors Board. Contact the BCD at 503-378-4133 to find out if you need a plumbing or electrical license for the type of work you will be doing.

## LANDSCAPE CONTRACTORS

Landscape contractors and landscape businesses require a license with the Oregon Landscape Contractors Board (LCB). Contact the LCB at 503-378-5909.

# GENERAL INSTRUCTIONS FOR FILLING OUT THE CCB APPLICATION

1. Carefully read the directions on the instruction pages.
2. **Use only black or dark blue** ink to fill out the application (**no other colored ink or pencil, please**).
3. If you need help or have questions after reading this packet, call 503-378-4621.
4. After you have filled out the application, use the checklist below to make sure you are ready to submit your application to the CCB. Keep the instruction pages for future reference.

## Checklist for Application Submission

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete required training and pass state test before applying (application page 7).</li> <li><input type="checkbox"/> Register the JV, LP, corporation, trust, LLC, or LLP (application pages 2A, 3A, 4A or 5A).</li> <li><input type="checkbox"/> Register ABN(s) (page 1A, 2A, 3A, 4A, or 5A).</li> <li><input type="checkbox"/> Apply to become licensed as a sole proprietor (1A and 1B), partnership, joint venture or LLP (2A and 2B), corporation or trust (3A and 3B), LLC (4A and 4B), or LP (5A and 5B).</li> <li><input type="checkbox"/> Select a class of independent contractor and supply employer account information, if needed (application page 1B, 2B, 3B 4B or 5B).</li> <li><input type="checkbox"/> Select a license endorsement (application page 6).</li> <li><input type="checkbox"/> Attach the original surety bond/s for the proper amount with the application (application page 8).</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Attach a Certificate of Liability Insurance in the proper amount with the application (application page 8).</li> <li><input type="checkbox"/> List SIC codes (application page 9).</li> <li><input type="checkbox"/> Fill out construction debt, criminal background, and license history (application pages 9 &amp; 10).</li> <li><input type="checkbox"/> Complete statistical information (application page 10).</li> <li><input type="checkbox"/> Complete independent contractor certification (application page 11).</li> <li><input type="checkbox"/> Read and sign application (application page 12).</li> <li><input type="checkbox"/> Check mark the licensing period box and include payment of fee (application page 13).</li> <li><input type="checkbox"/> If the business will be doing home inspections only, see instructions page 18.</li> </ul> |
|--|---|

## What to send or bring to the CCB

All FIVE ITEMS listed below must be submitted together in order for your application to be accepted. Please verify that you have completed every section of the application by going through the checklist above. Incomplete applications will be delayed. Documents may not be submitted by fax or email.

Submit **ALL** these four items together whether by mail or in person (**no faxing, please**):

1. **CCB License Application pages.**
  - 1A, 1B and 6-13 – Sole proprietorship
  - 2A, 2B and 6-13 – Partnership, joint venture or Limited Liability Partnership (LLP)
  - 3A, 3B and 6-13 – Corporation or trust
  - 4A, 4B and 6-13 – Limited Liability Company (LLC)
  - 5A, 5B and 6-13 – Limited Partnership (LP)
2. **Exact fee.** You can pay by check, money order, credit card (or cash if paying in person).
3. **An original surety bond (do not remove the Power of Attorney if attached).**
4. **A certificate of general liability insurance.**
5. **A copy of your test results.**

## Getting licensed by mail?

Please allow up to 10 business days for processing.

**Do not send cash:** Pay by check, money order, Visa, MasterCard or Discover.

### **Regular Mail Address:**

Construction Contractors Board  
PO Box 14140  
Salem OR 97309-5052

### **Overnight, Federal Express or Special Delivery mail address:**

Construction Contractors Board  
700 Summer St. NE Suite 300  
Salem OR 97301-1287

## Getting licensed in person?

Office hours are from 8 am to 5 pm

Please arrive BEFORE 4 p.m. to have your license processed that day.

**Note: The CCB office is CLOSED every Tuesday between 8:00 am and 9:00 am.**

**Our busiest times are from 10 am to 2 pm and from 4 to 5 pm**

You may have more than a one-hour wait at peak times.

**Directions to the CCB office:** From I-5, take the Market Street exit #256.

If you're coming from the north, turn right on Market Street.

If you're coming from the south, turn left on Market Street.

Travel approximately two miles to Summer Street and turn left on Summer Street.

The CCB is on the third floor of the Veterans Affairs Building on the left side of Summer Street,  
at the corner of Summer and Union (700 Summer St. NE).

See map on inside back cover of this application, or at [www.oregon.gov/ccb](http://www.oregon.gov/ccb) - click on "Contact Us".

### **Parking: BE SURE TO BRING QUARTERS FOR PARKING METERS!!**

Metered parking is available on Summer Street, adjacent side streets,  
and the Veterans Affairs building metered lot.

Veterans Affairs building offices are unable to make change,  
and there is no change machine in the building.

The underground Dept. of Veterans Affairs parking structure  
is reserved for building employees only.

**Application Fees:** We accept check, money order, Visa, MasterCard, Discover, or cash  
in the exact amount only. Change cannot be made in any of the building offices.



# INSTRUCTIONS FOR FILLING OUT THE APPLICATION FORM

## ENTITY (OWNERSHIP) - Use the following information for determining your entity in Part

1

*Following is a brief summary of the ways to organize a business. It is not intended as a complete analysis of the law, and nothing here constitutes legal advice. You would be wise to contact a lawyer and accountant to decide which form of ownership is best for you.*

	DESCRIPTION	WORKERS COMPENSATION REQUIREMENT	BUSINESS NAME AND REGISTRATION REQUIREMENT WITH THE OREGON CORPORATION DIVISION
<b>SOLE PROPRIETORSHIP</b>	Exists when a single individual owns and operates his or her own business. In effect, the owner is the business. The funds for the business come from the owner's personal funds, or loans or gifts to the owner. The owner's personal assets can be used to satisfy debts and taxes owed by the sole proprietor. Personal assets may also be attached to pay any legal damages resulting from lawsuits filed against the business. A sole proprietor reports income (or losses) in the owner's tax return. If a sole proprietor dies, the business ceases to exist.	Not required unless the sole proprietor has employees.	Does not have to be registered with the Oregon Corporation Division Business Registry <i>unless</i> it uses an assumed business name. If the name of the business does not include the full legal name of the business owner, the business name must be registered as an assumed business name with Business Registry.
<b>GENERAL PARTNERSHIP or JOINT VENTURE</b>	A voluntary association of two or more persons for the purpose of owning and operating a business. In a general partnership, the partners contribute assets to the partnership and share the management, profits and losses. All partners are personally liable for the obligations of the partnership. Property acquired by a partnership is property of the partnership and not of the partners individually. Upon death or withdrawal of one of the partners, the partnership may be subject to dissolution.  Must file an informational tax report. Individual partners must report, and pay, taxes on their share of the partnership income, even if the partnership income is reinvested in the business.  A <i>joint venture</i> is a partnership that is formed solely for the purpose of a single business undertaking.	Not required unless the general partnership has employees or if there are more than two partners that are not all members of the same family.	Does not have to be registered with the Oregon Corporation Division Business Registry unless it uses an assumed business name. If the name of each general partner is not conspicuously disclosed in the business name, then the business name must be registered as an assumed business name with Business Registry.
<b>LIMITED LIABILITY PARTNERSHIP (LLP)</b>	An association of two or more licensed, professional individuals (including licensed contractors) doing business as a partnership. The concepts of a general partnership are generally applicable, except that partners in a registered LLP are directly liable for their own negligent or wrongful acts (or those committed by persons under their direct supervision and control), but not vicariously liable for other partnership obligations. A qualifying general partnership may convert to an LLP without making a conversion from one form (partnership) to another (corporation) and thus avoid a potentially taxable conversion.	Not required unless the LLP has employees or if there are more than two partners that are not all members of the same family.	The name of the limited liability partnership must contain the words "Limited Liability Partnership" or the abbreviation "L.L.P." or "LLP" as the last words or letters of its name. The name must be registered with the Oregon Corporation Business Registry. If the limited liability partnership will be using a name other than its registered name to conduct business, it must also register that name as an assumed business name.

# ENTITY (OWNERSHIP) CONTINUED - Use the following information for determining your entity in Part

1

	DESCRIPTION	WORKERS COMPENSATION REQUIREMENT	BUSINESS NAME AND REGISTRATION REQUIREMENT WITH THE OREGON CORPORATION DIVISION
LIMITED PARTNERSHIP	<p>A partnership formed by two or more persons having one or more general partners and one or more limited partners. (The associating "persons" may include individuals, partnerships, limited partnerships, trusts or corporations – but not limited liability companies). The general partners control the business and are liable for the debts and obligations of the partnership. See "General Partnership." The limited partners take no active role in the management of the business. Limited partners are similar to shareholders in a corporation because their liability for debts and obligations of the limited partnership is limited to the amount of their contribution to the business. Profits or losses are typically allocated to limited partners on the basis of their percentage of ownership.</p> <p>Death or withdrawal of a general partner ordinarily dissolves the limited partnership (unless the partnership agreement provides otherwise). Death or withdrawal of a limited partner has no effect on the partnership.</p>	Not required unless the LP has employees or if there are more than two partners that are not all members of the same family.	The name of the limited partnership must contain the words "limited partnership." The name must be registered with the Oregon Corporation Division Business Registry. If the limited partnership will be using a name other than its registered name to conduct business, it must also register that name as an assumed business name.
CORPORATION	<p>A legal entity separate from its owners, who are called shareholders. Corporations are created by filing articles of incorporation with the state in which the corporation is formed.</p> <p>Acts as a single entity. It exists separately from its owners (shareholders) and continues to exist even though the shareholders may change. A corporation may own property, sue and be sued.</p> <p>Has a board of directors and officers, and observes certain legal formalities such as annual shareholder meetings and the creation of meeting minutes. Corporations have limited liability – meaning the corporation is fully liable for all of its business obligations, but individual shareholders are liable only to the extent of their investment.</p> <p>For income tax purposes, for-profit corporations file either as a C Corporation or as an S Corporation. A C Corporation pays taxes on its income and the corporation's shareholders pay taxes only on income passed onto them, as by dividends. A corporation with 75 or fewer employees may elect to be an S Corporation. An S Corporation's income is allocated to the shareholders and is taxed at their personal rate, similar to a partnership.</p>	Not required unless the corporation has employees or if there are more than two corporate officers that are not all members of the same family.	The name of the corporation must contain either "corporation," "incorporated," "company," or "limited," or an abbreviation of one of those words. A corporation's name must be registered with the Oregon Corporation Division Business Registry. If the corporation will be using a name other than its registered name to conduct business, it must also register that name as an assumed business name.
LIMITED LIABILITY COMPANY (LLC)	<p>An unincorporated association having one or more members. The LLC can be managed either by its members or by one or more managers. Managers can, but are not required to be members. LLC managers are similar to directors of corporations. Members are like corporate shareholders. To become a member of an LLC, a person ordinarily contributes cash, assets or services. LLCs provide the limited liability protection and operational flexibility of a corporation, together with pass-through taxation ordinarily found in S Corporations (without the restrictions of an S Corporation).</p>	Not required unless the LLC has employees or if there are more than two members that are not all members of the same family.	The name of the limited liability company must contain the words "limited liability company" or one of the abbreviations, "L.L.C." or "LLC". If the LLC will be using a name other than its registered name to conduct business, it must also register that name as an assumed business name.
BUSINESS TRUST	Any association engaged in or operating a business under a written trust agreement or declaration of trust; the beneficial interest under which is divided into transferable certificates of participation or shares. Generally, business trusts are subject to the laws governing corporations. The trustees, shareholders or beneficiaries of a business trust are not personally liable for obligations of the business trust.	Not required unless the trust has employees or if there are more than two trustees that are not all members of the same family.	A trust's name must be registered with the Oregon Corporation Division Business Registry. If the corporation will be using a name other than its registered name to conduct business, it must also register that name as an assumed business name.

# ENTITY (OWNERSHIP) - Use this box and chart to fill out Part 1

All owners of CCB businesses must be 18 years of age or older.

**Social Security numbers are mandatory for sole proprietorships and partnerships between two or more human beings.** As part of your application for an initial or renewed occupational license, certification or license issued by the Construction Contractors Board (CCB), you are required to provide your Social Security Number to the CCB. This is mandatory. The authority for this requirement is ORS 25.785, 42 USC 666(a)(13) and ORS 701.075. Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license or certification you seek. This record of your Social Security Number will be used for child support enforcement (pertains to sole proprietors only, see ORS 25.785), tax administration and the CCB's identification purposes, unless you authorize other uses of the number. Although a number other than your Social Security Number appears on the face of the licenses, certificates or licenses issued by the CCB, your Social Security Number will remain on file with the CCB.

**The last four digits of Social Security numbers are voluntary for all other business entities** who wish to use CCB's secure online services.

If License Applicant is a:	Entity (Ownership)	In-State (Oregon)	Out-of-State
<b>Sole proprietorship</b> A sole proprietorship is one person only; no spouses or other people.	complete application page 1A.		
<b>Partnership or joint venture</b> These are for two or more persons (including spouses) or two or more business entities.	complete application page 2A.		
<b>Limited liability partnership (LLP)</b>	<i>before continuing:</i> →	<i>In-state LLPs</i> must file an "Application for Registration for LLP" at the Oregon Corporation Division.	<i>Out-of-state LLPs</i> must file an "Application for Authority for LLP" at the Oregon Corporation Division.
	Then complete CCB application page 2A, Part 1. Enter the name exactly as filed at the Oregon Corporation Division and Corporation Division registry number on application page 2A, Part 2.		
<b>Corporation or trust</b>	<i>before continuing:</i> →	<i>In-state corporations</i> must file an "Articles of Incorporation" at the Oregon Corporation Division.	<i>Out-of-state corporations</i> must file an "Application for Authority to Transact Business in Oregon as a Foreign Business/Professional" and a "Certificate of Existence" at the Oregon Corporation Division.
	Then complete CCB application page 3A, Part 1 and enter the name exactly as filed at the Oregon Corporation Division and the Corporation Division registry number.		
<b>Limited liability company (LLC)</b>	<i>before continuing:</i> →	<i>In-state LLCs</i> must file an "Articles of Organization" at the Oregon Corporation Division.	<i>Out-of-state LLCs</i> must file an "Application for Authority to Transact Business in Oregon as a Foreign Limited Liability Company" and a "Certificate of Existence" at the Oregon Corporation Division.
	Then complete CCB application page 4A, part 1 and enter the name exactly as filed at the Oregon Corporation Division and the Corporation Division registry number.		
<b>Limited partnership (LP)</b> List general partners only. Limited partners should not be listed.	<i>before continuing:</i> →	<i>In-state LPs</i> must file a "Certificate of Limited Partnership" at the Oregon Corporation Division.	<i>Out-of-state LPs</i> must file an "Application for Registering for Limited Partnership" at the Oregon Corporation Division.
	Then complete CCB application page 5A, part 1 and enter the name exactly as filed at the Oregon Corporation Division and the Corporation Division registry number.		

**Oregon Corporation Division forms.** Download at [www.filinginoregon.com/forms](http://www.filinginoregon.com/forms) or call 503-986-2200. Once the forms have been filed, you can check [www.filinginoregon.com](http://www.filinginoregon.com) for the license applicant's Oregon Corporation Division registry number. **Note: A new license is required for any change in business entity. Licenses and license numbers are not transferable.**

**BUSINESS NAMES OR ASSUMED BUSINESS NAMES (ABN's) - Use this box to fill out Part****2**

In Part 2, list all business names the license applicant will be using, including any Assumed Business Names (ABN's).

All assumed business names must be filed with the Corporation Division *in advance* of license application.

Go to the Corporation Division at [www.filinginoregon.com](http://www.filinginoregon.com) to check for name availability and to obtain an "Assumed Business Name – New Registry" form.

<b>If License Applicant is a:</b>	<b>And the Applicant:</b>	<b>The Applicant Must Enter the ABN Registry Number:</b>
<b>Sole proprietorship</b> A sole proprietorship is one person only; no spouses or other people.	will be using a name other than his/her legal first name, middle initial, and last name.	on application page 1A, Part 2
<b>Partnership</b> These are for two or more persons (including spouses) or two or more business entities.	will be using a name other than the legal first name, middle initial, and last name of all partners.	on application page 2A, Part 2.
<b>Joint venture</b> These are for two or more persons (including spouses) or two or more business entities.	will be using a name other than the joint venture name.	on application page 2A, Part 2.
<b>Limited liability partnership (LLP)</b>	will be using a name other than the LLP name.	on application page 2A, Part 2. (This is not the same as the LLP registry number.)
<b>Corporation or Trust</b>	will be using a name in addition to the corporate name.	on application page 3A, Part 2. (This is not the same as the corporate registry number.)
<b>Limited liability company (LLC)</b>	will be using a name other than the LLC name.	on application page 4A, Part 2. (This is not the same as the LLC registry number.)
<b>Limited partnership (LP)</b>	will be using a name other than the LP name.	on application page 5A, Part 2. (This is not the same as the LP registry number.)

# CLASSES OF INDEPENDENT CONTRACTORS AND EMPLOYER ACCOUNT NUMBER INFORMATION - Use this box to fill out Part

3

Complete section 1 of the application:

**Sole Proprietorship** - Page 1B; **Partnership, Joint Venture, or LLP** - Page 2B; **Corporation/ Trust** - Page 3B; **LLC** - Page 4B; **LP** - Page 5B.

All license applicants must qualify as an independent contractor under ORS 670.600 to be eligible for a license with the Construction Contractors Board.

The independent contractor certification statement in Part 16 must be completed.

Workers compensation insurance provides protection for employers and benefits for workers hurt on the job. A worker is an employee, including family members, who receive compensation in exchange for labor provided. Compensation can be paid by the hour or by salary and can also be in exchange for something other than money. The value of the exchange is counted as compensation.

In addition to qualifying as an independent contractor in Part 16, Oregon law also requires that the license applicant choose a class of independent contractor in order to determine if the applicant is obligated to provide workers compensation insurance on its workers. **There are two classes of independent contractor licenses: Exempt and Nonexempt.**

BUSINESS ENTITY	EXEMPT - consists of business entities that do not have workers subject to workers compensation. This includes:	NONEXEMPT - consists of business entities that have workers subject to workers compensation. Includes but is not limited to:
<b>Sole proprietorship</b>	With no employees. Spouses and children are considered employees if they are paid for work they performed for the business.	With employees. Spouses and children are considered employees if they are paid for work they performed for the business.
<b>Partnership or joint venture</b>	<ul style="list-style-type: none"> <li>- With no employees, with only two partners or venturers.</li> <li>- With no employees where ALL partners are immediate family members.</li> </ul>	<ul style="list-style-type: none"> <li>- With employees.</li> <li>- With more than two partners or venturers.</li> <li>- With three or more partners or venturers where any one of those partners or venturers are not an immediate family member.</li> </ul>
<b>Corporation</b>	<ul style="list-style-type: none"> <li>- With no employees and with only two corporate officers.</li> <li>- With no employees where ALL corporate officers are immediate family members and they all serve on the board of directors and are owners of at least 10 percent of the stock or equivalent amount.</li> </ul>	<ul style="list-style-type: none"> <li>- With employees.</li> <li>- With more than two corporate officers.</li> <li>- Having three or more officers where any one of those officers is not an immediate family member.</li> <li>- That have corporate officers that do not serve on the board of directors and do not own at least 10 percent of the stock or an equivalent amount.</li> </ul>
<b>LLC</b>	<ul style="list-style-type: none"> <li>- With no employees and with only two members.</li> <li>- With no employees where ALL members are immediate family members and are owners of at least 10 percent of the stock or equivalent amount.</li> </ul>	<ul style="list-style-type: none"> <li>- With employees.</li> <li>- With more than two members.</li> <li>- Having three or more members where any one of those members is not an immediate family member.</li> <li>- That have members that do not own at least 10 percent of the stock or an equivalent amount.</li> </ul>
<b>LLP</b>	<ul style="list-style-type: none"> <li>- With no employees and with only two partners.</li> <li>- With no employees where ALL partners are immediate family members and are owners of at least 10 percent of the stock or equivalent amount.</li> </ul>	<ul style="list-style-type: none"> <li>- With employees.</li> <li>- With more than two partners.</li> <li>- Having three or more partners where any one of those partners is not an immediate family member.</li> <li>- That have partners that do not own at least 10 percent of the stock or an equivalent amount.</li> </ul>
<b>LP</b>	<ul style="list-style-type: none"> <li>- With no employees and with only two general partners.</li> <li>- With no employees where ALL General Partners are immediate family members and are owners of at least 10 percent of the stock or equivalent amount.</li> </ul>	<ul style="list-style-type: none"> <li>- With employees.</li> <li>- With more than two General Partners.</li> <li>- Having three or more General Partners where any one of those partners is not an immediate family member.</li> <li>- That have partners that do not own at least 10 percent of the stock or an equivalent amount.</li> </ul>
<b>Sole proprietorship, partnership, joint venture, corporation, LLC, LLP, and LP</b>	Sole proprietorships, partnerships, joint ventures, corporations, LLCs, LLPs, and LPs that lease workers from an employee leasing company.	



Complete section 2 of application page 1B if sole proprietorship, 2B if partnership, joint venture or LLP, 3B if corporation or trust, 4B if LLC or 5B if LP.

**Employer Account Information**

An employer is one who contracts to pay or compensate for services of any person. An employer is one who secures the right to direct and control the services of any person. An employer has employees, directs and controls those employees and has the right to hire and fire those employees. If you selected the nonexempt class of independent contractor, the license applicant is considered an employer and must provide all three of the employer account numbers listed below.

**NOTE:** Even though the license applicant may not have employees subject to workers compensation, the BIN and EIN number may still be required in some instances for tax purposes.

**1. Workers Compensation:**

- Fill in the name of your worker's compensation carrier and policy number.
- Partners, corporate officers and LLC members who are not directors and who do not have a substantial ownership may need workers compensation coverage.
- If an employer from out of state brings employees into Oregon, the workers compensation coverage from the home state will usually satisfy Oregon's requirement for those workers temporarily in Oregon. Some states do not reciprocate – an Oregon specific proof of coverage filing is required in this circumstance. A good resource to know about workers' compensation reciprocity is found at <http://www.cbs.state.or.us/wcd/compliance/ecu/etmap.html>. Oregon workers' compensation proof of coverage questions can be directed to the Workers' Compensation Division at (503) 947-7815.
- Call the Workers Compensation Division at 503-947-7815 with your questions about workers compensation coverage requirements and how to obtain coverage.

**NOTE:** Non-exempt contractors are required to carry workers compensation during their entire licensing period.

**2. Oregon Business Identification Number (BIN):**

The license applicant must apply for and get the State BIN number from the Oregon Dept. of Revenue. A Combined Employer Registration form can be found on the website at [www.oregon.gov/DOR/BUS/doc/211-055.pdf](http://www.oregon.gov/DOR/BUS/doc/211-055.pdf) or by calling at 503-378-4988. Questions about how to fill out the form should be directed to 503-945-8091 option 1. Once you have received the number, write it on the CCB license application form. If you have not yet received the number and need to apply for the license, check the box and indicate the date you applied for the number. The CCB will issue the license and allow you up to 60 days to furnish the BIN. The BIN is not the same as the Corporation Division registry number.

**3. Federal Employer Identification Number (EIN):**

The license applicant must apply for and get the Federal EIN number from the IRS. Contact the IRS at 800-829-4933 or [www.irs.gov](http://www.irs.gov). (Do not substitute a Social Security number for the Federal EIN number.) Once you have received the number, write it on the CCB application form. If you have not yet received the number and need to apply for the license, check the box and indicate the date that you applied for the number. The CCB will issue the license and allow you up to 60 days to furnish the Federal EIN number.

Selecting an endorsement is related to the type of structure that an applicant intends to construct (or develop for construction).

The law defines three types of structures:

TYPE OF STRUCTURE	DESCRIPTIONS	EXAMPLES
<b>Residential Structure</b>	<ul style="list-style-type: none"> <li>• A site-built home</li> <li>• A structure that contains one or more dwelling units and is four stories or less above grade</li> <li>• A condominium, rental residential unit or other residential dwelling unit that is part of a larger structure, if the property interest in the unit is separate from the property interest in the larger structure</li> <li>• A modular home constructed off-site</li> <li>• A manufactured dwelling</li> <li>• A floating home</li> </ul>	<ul style="list-style-type: none"> <li>• Single-family residence</li> <li>• Apartment Complex or Condos 4 stories or less</li> <li>• Individual Units in a high rise building</li> </ul> <p><b>Does not mean:</b></p> <ul style="list-style-type: none"> <li>• Motels/Hotels</li> <li>• Dormitories</li> <li>• Prisons/Jails</li> <li>• Summer camps</li> <li>• Row houses</li> </ul>
<b>Small Commercial Structure</b>	<p>A nonresidential:</p> <ul style="list-style-type: none"> <li>• Structure of 10,000 square feet or less and not more than 20 feet high</li> <li>• Leasehold, rental unit or other unit that is part of a larger structure, if the unit has 12,000 square feet or less and not more than 20 feet</li> <li>• Structure of any size for which the entire contract price of all construction work to be performed on the structure does not total more than \$250,000</li> </ul>	<ul style="list-style-type: none"> <li>• 7-11 stores</li> <li>• Gas stations</li> <li>• Fast food restaurants</li> <li>• Tenant space in malls</li> <li>• Under \$250,000 construction projects</li> </ul>
<b>Large Commercial Structure</b>	Any structure that is not a residential structure or small commercial structure	<ul style="list-style-type: none"> <li>• Apartment Complex or Condos more than 4 stories</li> <li>• Hospitals</li> <li>• Parking Garages</li> <li>• Shopping Malls</li> <li>• Manufacturing Facilities</li> </ul>

An applicant must select one of the following:

- Residential endorsement only (see Residential Contractors chart below)
- Commercial endorsement only (see Commercial Contractors chart on page 12); or
- Both residential and commercial endorsements

Once you've selected a residential, commercial or both endorsements, you will need to select a classification. See charts on pages 11 and 12.

## RESIDENTIAL CONTRACTORS

<b>Endorsement Classifications</b>	<b>Scope of Work</b>	<b>Limitations</b>	<b>Bond and Insurance</b>
<b>Residential General Contractor (RGC)</b>	These contractors may supervise, arrange for, or perform (partly or completely) an <i>unlimited</i> number of unrelated building trades involving any residential or small commercial structure or project.	Residential general contractors may perform the same work as residential specialty contractors.	\$20,000 Residential bond \$500,000 per occurrence insurance
<b>Residential Specialty Contractor (RSC)</b>	These contractors perform work involving <i>one or two</i> unrelated building trades for residential or small commercial projects. Alternatively, these residential contractors may perform work on a single property involving <i>three or more</i> unrelated building trades if the contract for labor and materials is \$2,500, or less.	The building trades may change from job to job. (Example: a residential specialty contractor may perform masonry and roofing work on one project and concrete work on another.)	\$15,000 Residential bond \$300,000 per occurrence insurance
<b>Residential Limited Contractor (RLC)</b>	These contractors may supervise, arrange, and/or perform (partly or completely) an <i>unlimited</i> number of unrelated building trades involving any residential or small commercial structure or project if they certify that they meet all of the following: 1. The applicant expects gross sales of less than \$40,000 from the construction business in the next year. 2. The applicant does not contract to perform any work that exceeds \$5,000. 3. The value of any work performed does not exceed \$5,000 per job site per year. 4. The CCB may inspect the applicant's Oregon Department of Revenue tax records to verify any of the above. 5. The applicant agrees that if gross construction business volume exceeds \$40,000 during the year, it will immediately notify the CCB, change its endorsement and increase its bond and insurance coverage, if required.	This is for part-time contractors who build as a hobby, for retirees, and for handyman services.  There is no limit to the number of building trades that can be supervised, arranged or performed.  "Gross" means total sales, in other words, the total amount paid for labor and supplies before expenses and taxes are deducted.	\$10,000 Residential bond \$100,000 per occurrence insurance
<b>Residential Developer (RD)</b>	These contractors meet all of the following: 1. The applicant owns the properties, or an interest in the properties, on which it arranges for construction work; 2. The applicant arranges for construction work or improvement of residential or small commercial real property, with the intent to sell the property; 3. The applicant acts in association with one or more licensed general contractors who have sole responsibility for overseeing all phases of construction activity on the property; and 4. The applicant does not perform any construction work on the property.	This classification is for residential developers who arrange for the construction of structures, or development of property, that they intend to sell.	\$20,000 Residential bond \$500,000 per occurrence insurance

**COMMERCIAL CONTRACTOR Endorsement and Classifications on next page...**



## COMMERCIAL CONTRACTORS

<b>Endorsement Classifications</b>	<b>Scope of Work</b>	<b>Limitations</b>	<b>Bond and Insurance</b>
<b>Commercial General Contractor Level 1 (CGC1)</b>	These contractors may supervise, arrange for, or perform (partly or completely) an <i>unlimited</i> number of unrelated building trades involving any small or large commercial structure or project.  Level 1 and 2 contractors can perform the same work.	Commercial general contractors may perform the same work as commercial specialty contractors.	\$75,000 Commercial bond \$2 million aggregate insurance
<b>Commercial General Contractor Level 2 (CGC 2)</b>		A Level 1 contractor must have 8 years of construction experience  A Level 2 contractor must have 4 years of construction experience.	\$20,000 Commercial bond \$1 million aggregate insurance
<b>Commercial Specialty Contractor Level 1 (CSC 1)</b>	These contractors perform work involving <i>one or two</i> unrelated building trades for small or large commercial projects.  Level 1 and 2 contractors can perform the same work.	The building trades may change from job to job. (For example, a commercial specialty contractor may perform masonry and roofing work on one project and concrete work on another.)	\$50,000 Commercial bond \$1 million aggregate insurance
<b>Commercial Specialty Contractor Level 2 (CSC 2)</b>		A Level 1 contractor must have 8 years of construction experience.  A Level 2 contractor must have 4 years of construction experience.	\$20,000 Commercial bond \$500,000 per occurrence Insurance
<b>Commercial Developer (CD)</b>	These contractors meet all of the following: 1. The licensee owns the properties, or an interest in the properties, on which it arranges for construction work; 2. The licensee arranges for construction work or improvement of small or large commercial real property, with the intent to sell the property; 3. The licensee acts in association with one or more licensed general contractors who have sole responsibility for overseeing all phases of construction activity on the property; and 4. The licensee does not perform any construction work on the property.	This classification is for commercial developers who arrange for the construction of structures, or the development of property, that they intend to sell.	\$20,000 Commercial bond \$500,000 per occurrence insurance

## Workers Compensation for Exempt Commercial Contractors - Use this box to fill out Part **5**

If you chose a commercial endorsement (part 4) and have an exempt independent contractor license status (part 3) you are required to carry workers' compensation insurance that includes "personal election" coverage to cover owners of the business. The law does not apply to non-exempt commercial contractors since those contractors already are required to carry workers' compensation for their workers. You can find additional information about this law by visiting [www.oregon.gov/CCB](http://www.oregon.gov/CCB).

Please certify that you carry the appropriate workers compensation insurance by marking the box in part 5.

**Applicants who checked the Residential Developer or Commercial Developer box in part 4, are exempt from the training and test, and may skip this section and go to Part 8. All other license classifications must comply with this section.**

**(A) RESPONSIBLE MANAGING INDIVIDUAL (RMI).** All license applicants must have one RMI. The RMI is responsible for either completing the 16-hour training and passing the Oregon state CCB test as listed in (B) below, or for proving he/she is not required to take the training and test by documentation of having the qualifying experience as listed in (C) below.

The RMI must exercise management or supervisory authority over the construction activities of the business by meaningfully participating in (1) the administration of construction contracts performed by the business; or (2) the administration of the day-to-day operations of the business.

The RMI must be the owner of the business applying for the license, or may instead designate an employee to complete the training requirement.

**WHO QUALIFIES AS THE RMI?**

**OWNER:**

Sole Proprietor  
Partner; joint venturer; general partner of a LP  
Member of a member-managed LLC  
Manager in a manager-managed LLC  
Individual that holds controlling interest in the business  
(This may or may not be a corporate officer)

**EMPLOYEE:**

An employee  
Corporate Officer (that is not a shareholder or is a minority shareholder in the business)

1. Fill in the name of the owner, or employee that the applicant has designated as the RMI.
2. Fill in the identification (ID) number that the RMI has given to his/her training provider and test administrator (if training and test are required). The ID number must be on one of the following five government-issued photo ID cards: driver's license, US military ID, US passport, green card, or DMV ID card. No other forms of ID are accepted.
3. Fill in the RMI's Driver's License Number, State issued in, Date of Birth and Last four digits of the social security number.
4. The RMI must sign and date this section.
5. Check the box that describes the RMI's qualifying status in the company.

**(B) TRAINING AND TESTING**

**The Training.** The RMI may only take training from CCB approved training providers. See the list of providers on instruction pages 14 - 15. Once the RMI has completed the training, the training provider will send training completion information to the CCB electronically. Please allow 5 days for transmission. The RMI does not need to send any proof of training completion to the CCB.

**The Test.** After completing the required training, the RMI must pass the test. Contact Prometric Inc. at [www.prometric.com/Oregon.com](http://www.prometric.com/Oregon.com) or 1-800-462-8669 to schedule the test. Tests are given at Prometric exam centers in Portland (2), Eugene, Medford, Bend, La Grande, and some out of state locations. **Please do not call CCB about the test. Please direct any questions about the test to Prometric or call the training provider.**

- The test is an open book test. The cost is \$85.
- There are 80 multiple-choice questions. The required score for passing the test is 56 correct out of 80 (70%).
- Applicants may take the test more than once if they fail it.

**Training & Testing Period**

- Applicants must complete the application process (become licensed) within 24 months of the training completion date.
- Applicants with a training date older than 24 months will not have the training or test considered valid for licensing purposes unless;
  - (a) The RMI completed the training and test and is listed as the RMI of a license, and
  - (b) That license is currently active or has not lapsed for more than 24 months.

Applicants not meeting the training & testing period must repeat the required training and test.

Check the Yes or No box that indicates the criteria the RMI meets.

**(C) EXPERIENCE.** The course and test is not required if you have qualifying experience. You must meet all three of the experience requirements listed in (C), on page 7 of the application. No other experience qualifies.

- Check the Yes or No box to indicate whether you meet the experience requirements, and fill in your CCB License number in the space provided.

**EXPERIENCE - Use this box to fill out Part****7****Certification of Experience - for Commercial Level 1 & 2 Contractors only**

**Applicants who checked the Commercial Developer box in part 4, may skip this section and go on to Part 7.**

If the applicant has selected a Commercial Level 1 or 2 classification, the applicant must certify that its *key employee(s)* have the appropriate amount of *construction experience*.

Key employee means:

An employee or owner of the applicant (business) who is a corporate officer, manager, superintendent, foreperson, or lead person

Construction experience means:

- Experience gained as a licensed contractor, journeyman, foreperson, supervisor, or as any other employee engaged in construction work for a licensed contractor.
- In addition, the following experience or education may substitute for the construction experience:
  - a. Completion of an apprenticeship program may substitute for up to three years of experience
  - b. A bachelor's degree in a construction-related field may substitute for up to three years of experience
  - c. A bachelor's degree or master's degree in business, finance or economics may substitute for up to two years of experience
  - d. An associate's degree in construction or building management may substitute for up to one year of experience

**REQUIRED SURETY BOND - Use this box to fill out Part****8**

The applicant must provide an original Construction Contractors Board Residential or Commercial surety bond as security against complaints that may be filed. Both a Residential and a Commercial surety bond is required if the applicant has selected a dual endorsement.

CCB bonds are available from many bond and insurance companies at varying prices. Check the phone book yellow pages or call your insurance agent for assistance.

The CCB cannot accept copies of bonds or faxed bonds.

1. The bond(s) must be issued on a CCB bond form. No other bond form will be accepted. If your bond company does not have the CCB bond forms, they should call the CCB at 503-378-4621.
2. The bond(s) must be issued in the full legal name of the sole proprietor; all partners full legal names in a partnership or joint venture (JV); the full legal names of all partners in an LLP and the name of the LLP; the name of the corporation, LLC or trust. JV's, LLP's, Corp's, LLC's and trusts must match the name filed at the Oregon Corporation Division. Limited partnerships should contact the CCB at 503-378-4621 for special instructions.
3. The amount of the bond(s) must match the bond amount(s) in the license endorsement classifications selected on instruction pages 11 - 12.
4. The bond(s) must have the original signature of the bond company's attorney-in-fact.
5. The bond(s) must include the bond company's seal.
6. If a Power of Attorney form is attached to the bond, do not remove it.
7. The bond(s) is not valid until it is submitted to and is put into effect by the CCB. The bond(s) must be submitted to the CCB no later than 60 days from the date the bond(s) was signed by the bond company or it is no longer valid.
8. All bonds must be continuous until cancelled.

The original bond(s) MUST accompany this application. Please do not submit the bond(s) separately. This will delay the license.

**GENERAL LIABILITY INSURANCE - Use this box to fill out Part****9**

The applicant must provide a Certificate of Insurance that shows proof that it carries public liability and property damage insurance, including the covering of liability for products and completed operations according to the terms of the policy, and subject to applicable policy exclusions. This insurance must be carried throughout the licensing period or it will result in the suspension of the license and a possible civil penalty.

The insurance must cover the work that is subject to the provisions of ORS 701.

Public (general) liability and property damage insurance is available from many insurance companies at varying prices. Check the telephone yellow pages or call your insurance agent for assistance. Contractors can also utilize the Market Assistance Plan (MAP) to find liability insurance if they are having trouble getting insurance. The MAP can be accessed by going to the CCB website at [www.oregon.gov/ccb](http://www.oregon.gov/ccb) and clicking on "Liability Insurance" under the "For Contractors" heading.

1. The Certificate of Insurance must be issued in the full legal name of the sole proprietor; full legal names of all partners in a partnership or joint venture; the full legal names of all partners in an LLP and the name of the LLP; the name of the corporation, LLC, or trust. JV's, LLP's, Corp LLC's and trusts must match the name filed at the Oregon Corporation Division. Limited partnerships should contact the CCB at 503-378-4621 for special instructions.
2. The amount of the insurance must be at least equal to or higher than the insurance amounts in the license endorsement classifications selected on instruction pages 11 - 12. Only one Certificate of Insurance is required, even for a dual endorsement.
3. Copies of the actual policy, billings, receipts, statements, etc. cannot be accepted in lieu of a Certificate of Insurance.
4. Before submitting a Certificate of Insurance, the contractor should verify that the insurance company is listed with the State of Oregon Insurance Division. If the insurance carried is not acceptable in Oregon, the licensing process will be delayed.

The Certificate of Insurance **MUST** accompany this application. Please do not submit the Certificate of Insurance separately. This will delay the licensing process.

**SIC CODES - Use this box to fill out Part****10**

Please list one, two, or three Standard Industrial Classification (SIC) codes from the list below that best describes the work the applicant will do. These building trade or craft codes are used for statistical purposes only. The codes do not determine the scope of the license. The applicant is not limited by these codes and may perform trades and crafts other than those listed.

**Building Construction**

1521 Single Family Houses  
1522 Residential, Other than Single Family  
1523 Operative Builders  
1541 Industrial Buildings and Warehouses  
1542 Nonresidential Buildings other than  
Industrial Buildings and Warehouses

**Heavy Construction**

1611 Highways and Streets  
1622 Bridge, Tunnel and Elevated Highways  
1623 Water, Sewer, Pipeline Communication and Power Lines

1629 Heavy Construction Not Elsewhere Classified

**Special Trade Contractors**

1711 Plumbing, Heating and Air Conditioning  
1721 Painting and Paper Hanging  
1731 Electrical Work  
1741 Masonry and Stone Work  
1742 Plastering, Drywall, Acoustical and Insulation Work

**Special Trade Contractors (continued)**

1743 Tile, Marble and Mosaic Work  
  
1751 Carpentry  
1752 Floor Laying, Other Floor Work  
1761 Roofing, Siding and Sheet Metal Work  
1771 Concrete Work  
1791 Structural Steel Erection  
1793 Glass and Glazing Work  
1794 Excavation Work  
1795 Wrecking and Demolition Work  
1796 Installation of Building Equipment

**Not Elsewhere Classified**

1799 Special Trades, Not Elsewhere Classified  
0783 Tree Services  
7342 Pest Control  
7349 Chimney and Other Structural Cleaning  
7363 Help Supply Services  
7389 Inspection Services

**HOME INSPECTOR CERTIFICATION - Use this box to fill out Part****11**

Only fill in Part 11 if the license applicant will be bidding or performing home inspections. Home inspections include two or more components (for example, a roof and foundation inspection, or a heating and plumbing system inspection).

Any owner or employee that offers, bids or performs home inspections must be a certified home inspector. A civil penalty of up to \$5,000 may be assessed for each inspection done by uncertified persons. Go to [www.oregon.gov/ccb](http://www.oregon.gov/ccb) or call 503-378-4621 for a Home Inspector Certification Packet.

At least one owner, partner, corporate officer, member, trustee or employee must be certified by the CCB as a home inspector prior to completing this section.

**CONSTRUCTION DEBT - Use this box to fill out Part****12**

Select all of the boxes that apply to the applicant, or any person associated with this company, who is, or has been involved as an owner, partner, officer, or member in a construction business located in Oregon or another state, which has unpaid debt related to construction activities. Debts are any unsatisfied court judgements or administrative orders that have been issued in the last 5 years, that require the person to pay money to another person or public body.

**CRIMINAL BACKGROUND - Use this box to fill out Part****13**

Pursuant to ORS 701.135, an applicant's conviction of certain crimes may result in suspension, revocation, or refusal to issue a license. Criminal background checks will only be done once an applicant has satisfied all other license prerequisites.

**LICENSING HISTORY - Use this box to fill out Part****14**

All applicants must provide information on their Oregon and other state licensing histories for any person associated with this company, who is, or has been involved as an owner, partner, officer, or member in a construction business located in Oregon or another state.

**KEY EMPLOYEES - Use this box to fill out Part****15**

A "key employee" is an owner or employee who is a Corporate Officer, Manager, Superintendent, Foreperson, Lead person or any other person who exercises management or supervisory authority over the construction activities of the business.

Beginning with your next renewal, commercially endorsed contractors must certify that they have completed continuing education (CE).

You will be asked to declare that you have taken continuing education on your next license renewal based on the amount of key employees you currently have. You should keep records of all continuing education taken by your "key" employees.

**INDEPENDENT CONTRACTOR CERTIFICATION - Use this box to fill out Part****16**

Oregon law (ORS 701.035), requires all license applicants (sole proprietorships, partnerships, joint ventures, corporations, trusts, LLCs, LLPs and LPs) to qualify as independent contractors in order to be licensed with the CCB. This means the applicant must demonstrate it is in business for itself and is not an employee.

The applicant can qualify as an independent contractor by certifying that it will meet the standards on application page 11 required by ORS chapters 316, 656, 657, and 701.

You must certify by checking the Yes or No boxes, that you meet standards 1 through 4, or the application will be returned to you. To qualify for standard number 2, you must be able to check at least three of the five qualifiers listed in a through e.

**SIGNATURE - Use this box to fill out Part****17**

The application must be signed by the sole proprietor, all partners, all corporate officers, all members, or all trustees.

**APPLICATION FEES - Use this box to fill out Part****18**

The application fee is \$325. You may become licensed for two years only. Application fees are non-refundable and non-transferable (even if you don't use the license for the entire two-year period).



# **APPLICATION**





# CCB LIABILITY INSURANCE SURVEY

## For CCB License Applicants

Contractors have reported difficulty obtaining affordable **general liability insurance**. Oregon law requires contractors to obtain and keep a certain level of insurance in order to maintain their CCB license.

We are trying to determine the level of difficulty CCB license applicants have experienced obtaining insurance. Your information will be used to help address the affect this Oregon license requirement has on the cost of construction.

Please take the time to fill out this survey so the CCB can attempt to address this issue. **Please include the survey with your license application packet when you submit it to the CCB. Thank you.**

Contractor Name (Optional) \_\_\_\_\_

Contractor Office Location (City) \_\_\_\_\_

1. The majority of my work will be:
- |   |  |
|---|--|
| <input type="checkbox"/> Single Family Homes _____% | <input type="checkbox"/> Multi-Family homes _____% |
| <input type="checkbox"/> Small Commercial _____%    | <input type="checkbox"/> Large Commercial _____%   |
2. I selected the CCB license classification of:
- |   |   |
|---|---|
| <input type="checkbox"/> Residential—General Contractor   | <input type="checkbox"/> Commercial—General Level 1   |
| <input type="checkbox"/> Residential—Specialty Contractor | <input type="checkbox"/> Commercial—General Level 2   |
| <input type="checkbox"/> Residential—Limited Contractor   | <input type="checkbox"/> Commercial—Specialty Level 1 |
| <input type="checkbox"/> Residential—Developer            | <input type="checkbox"/> Commercial—Specialty Level 2 |
|   | <input type="checkbox"/> Commercial—Developer         |
3. My insurance premium: Will cost my company approximately \$ \_\_\_\_\_ this year
4. My CCB surety bond is in the amount of:
- |   |           |
|---|-----------|
| <input type="checkbox"/> \$10,000 and will cost my company \$ _____ | this year |
| <input type="checkbox"/> \$15,000 and will cost my company \$ _____ | this year |
| <input type="checkbox"/> \$20,000 and will cost my company \$ _____ | this year |
| <input type="checkbox"/> \$50,000 and will cost my company \$ _____ | this year |
| <input type="checkbox"/> \$75,000 and will cost my company \$ _____ | this year |
5. My insurance AGENT is: \_\_\_\_\_
6. My insurance provider (company) is: \_\_\_\_\_
7. I found that the cost and availability of insurance to be a significant hurdle to obtaining my CCB license: ☐ Yes ☐ No
8. General Comments: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



# CCB LICENSE APPLICATION

## SOLE PROPRIETORSHIP

*CCB use only:* License No. \_\_\_\_\_

Eff. \_\_\_\_\_ to \_\_\_\_\_

☐ ENF    ☐ NASCL    ☐ CORP DV    ☐ ABN

☐ NN \_\_\_\_\_

Educ. \_\_\_\_\_ Test \_\_\_\_\_

### Part **1** ENTITY (OWNERSHIP) See instructions for assistance. Use blue or black ink.

A) \_\_\_\_\_  
(Print/type your name—one person only. Include full legal first, middle, and last names.)

---

(Date of birth - REQUIRED) \_\_\_\_\_ (Social Security number - REQUIRED) \_\_\_\_\_

---

(Driver's license number - REQUIRED) \_\_\_\_\_ (State driver's license issued in) \_\_\_\_\_

---

B) \_\_\_\_\_  
(Business *mailing* address) (City) (State) (Zip) (County)

---

(Business *location* address) (City) (State) (Zip) (County)

---

/ /  
(Telephone number ) (Fax number) (E-mail address, if applicable)

---

(Residence *location* address, if different from above) (City) (State) (Zip) (County)

### Part **2** BUSINESS NAMES OR ASSUMED BUSINESS NAMES See instructions for assistance.

(Business name) \_\_\_\_\_ (ABN registry number if applicable) \_\_\_\_\_

---

(Business name) \_\_\_\_\_ (ABN registry number if applicable) \_\_\_\_\_

PLEASE CONTINUE TO APPLICATION PAGE 1B

Part

**3****CLASSES OF INDEPENDENT CONTRACTORS AND  
EMPLOYER ACCOUNT NUMBER INFORMATION**

See instructions for assistance.

- 1) Determine your class of independent contractor by answering the following question:

Do you have employees?

☐ Yes (nonexempt)☐ No (exempt)**Select your class of independent contractor license:**☐ **Nonexempt**☐ **Exempt**

- 2) If you have selected “nonexempt,” you must provide all three of the following employer account numbers:

(a) Name of your worker’s compensation carrier and policy #: \_\_\_\_\_.

(b) Oregon Business Identification number (BIN)\*: \_\_\_\_\_ or certify below:

**\*The BIN number is not the same as an Oregon Corporation Division registry number. Please do not provide this number in this space. See instructions for assistance.**

(c) Federal Employer Identification number (EIN): \_\_\_\_\_ or certify below:

☐ I certify that I applied for an Oregon BIN and/or a Federal EIN on this date: \_\_\_\_\_.

I further certify that I will provide the number to the CCB within 60 days of the date the CCB license is issued. I understand that failure to provide the number(s) will result in the immediate suspension of my license and I waive my rights to a hearing in this case. I understand the CCB will accept this application and issue a CCB license only if I fulfill the conditions above.

**PLEASE CONTINUE TO APPLICATION PAGE 6 AND COMPLETE THROUGH PAGE 12**

# CCB LICENSE APPLICATION

## PARTNERSHIP, JOINT VENTURE, or LIMITED LIABILITY PARTNERSHIP (LLP)

CCB use only: License No. \_\_\_\_\_  
 Eff. \_\_\_\_\_ to \_\_\_\_\_  
☐ ENF    ☐ NASCL    ☐ CORP DV    ☐ ABN  
☐ NN \_\_\_\_\_  
 Educ. \_\_\_\_\_ Test \_\_\_\_\_

### Part **1** ENTITY (OWNERSHIP) See instructions for assistance. Use blue or black ink.

A) \_\_\_\_\_  
 (Print/type business *mailing* address) (City) (State) (Zip)  
 (County)

(Print/type business *location* address) (City) (State) (Zip) (County)

/ /  
 (Business telephone number) (Business fax number) (Business e-mail address, if applicable)

B) \_\_\_\_\_  
 (Partner's full legal first, middle, and last names) (Social Security number - REQUIRED)

(Date of birth - REQUIRED) (Driver's license number - REQUIRED) (State driver's license issued in)

(Street address) (City) (State) (Zip) (County)

(Partner's full legal first, middle, and last names) (Social Security number - REQUIRED)

(Date of birth - REQUIRED) (Driver's license number - REQUIRED) (State driver's license issued in)

(Street address) (City) (State) (Zip) (County)

(You must provide the above information for all partners. If necessary, attach an additional page to list additional partners/venturers. Include full legal name, Social Security number, date of birth, and driver's license number if partners are human beings. If a partner is a business entity, please provide the full legal name, date of birth and driver's license number for each entity's members or corporate officers. If this is a family partnership, complete application page 2B.)

### Part **2** BUSINESS NAMES OR ASSUMED BUSINESS NAMES See instructions for assistance.

(LLP Business name, if applicable) (LLP registry number)

(Business name, if applicable) (ABN registry number if applicable)

(Business name, if applicable) (ABN registry number if applicable)

If necessary, attach an additional page to list additional ABN(s)/registry numbers used by the partnership, joint venture or LLP.

**PLEASE CONTINUE TO APPLICATION PAGE 2B**

**Part 3 CLASSES OF INDEPENDENT CONTRACTORS AND EMPLOYER ACCOUNT INFORMATION** See instructions for assistance.

1) Determine your class of independent contractor license by answering the following questions:

Do you have employees? ☐ Yes (nonexempt) ☐ No (exempt)

Do you have three or more partners who are not all immediate members of the same family? ☐ Yes (nonexempt) ☐ No (exempt)

Do you have three or more unrelated partners and at least one of them is a working partner? ☐ Yes (nonexempt) ☐ No (exempt)

**Select your independent contractor license class:** ☐ **Nonexempt** ☐ **Exempt**  
(If you answered "Yes" to any question you are nonexempt)

2) (a) You must supply a Federal Employer Identification Number (EIN): \_\_\_\_\_ or certify below:

☐ I certify that I applied for a Federal EIN on this date: \_\_\_\_\_.  
I further certify that I will provide this number to the CCB within 60 days of the date the CCB license is issued.  
I understand that failure to provide this number will result in the immediate suspension of my license and I waive my rights to a hearing in this case. I understand the CCB will accept this application and issue a CCB license only if I fulfill the conditions above.

**If you selected "nonexempt," you must also provide the following for employees or partners:**

(b) Oregon Business Identification number (BIN)\*: \_\_\_\_\_ or certify below:  
\*The BIN number is not the same as an Oregon Corporation Division registry number. Please do not provide this number in this space. See instructions for assistance.

☐ I certify that I applied for an Oregon BIN on this date: \_\_\_\_\_.  
I further certify that I will provide this number to the CCB within 60 days of the date the CCB license is issued.  
I understand that failure to provide this number will result in the immediate suspension of my license and I waive my rights to a hearing in this case. I understand the CCB will accept this application and issue a CCB license only if I fulfill the conditions above.

(c) Name of your worker's compensation carrier and policy #: \_\_\_\_\_.

3) If you have three or more partners and they are all part of the same family, fill out the box below.

If this is an all-family partnership, the business may be exempt from workers compensation insurance. Exempt family members listed in ORS 656.027(23-24) are shown below. Please list all names from application pages 2A in the spaces below.

If you are unable to place a name in a space below because that relationship is not listed (cousins, aunts, uncles, etc.), then your business is nonexempt and workers compensation must be provided.

Self \_\_\_\_\_ Spouse \_\_\_\_\_

Son(s) \_\_\_\_\_ Daughter(s) \_\_\_\_\_

Daughter(s)-in-law \_\_\_\_\_ Son(s)-in-law \_\_\_\_\_

Grandchildren \_\_\_\_\_ Parents \_\_\_\_\_

Brother(s) \_\_\_\_\_ Sister(s) \_\_\_\_\_

**PLEASE CONTINUE TO APPLICATION PAGE 6 AND COMPLETE THROUGH PAGE 12**

# CCB LICENSE APPLICATION

## CORPORATION or TRUST

CCB use only: License No. \_\_\_\_\_

Eff. \_\_\_\_\_ to \_\_\_\_\_

☐ ENF    ☐ NASCL    ☐ CORP DV    ☐ ABN

☐ NN \_\_\_\_\_

Educ. \_\_\_\_\_ Test \_\_\_\_\_

### Part 1 ENTITY (OWNERSHIP) See instructions for assistance. Use blue or black ink.

A) \_\_\_\_\_  
 (Corporation name. Print/type exactly as listed on Articles of Incorporation form) (Oregon corporate registry number)

\_\_\_\_\_  
 (Corporation mailing address) (City) (State) (Zip) (County)

\_\_\_\_\_  
 (Corporation location address) (City) (State) (Zip) (County)

\_\_\_\_\_  
 (Business phone number) (Business fax number) (Business e-mail address, if applicable)

B) \_\_\_\_\_  
 (Corporate officer's full legal first, middle, and last names) (Title) (Last 4 digits of Social Security Number)

\_\_\_\_\_  
 (Date of birth - REQUIRED) (Driver's license number - REQUIRED) (State driver's license issued in)

\_\_\_\_\_  
 (Corporate officer's full legal first, middle, and last names) (Title) (Last 4 digits of Social Security Number)

\_\_\_\_\_  
 (Date of birth - REQUIRED) (Driver's license number - REQUIRED) (State driver's license issued in)

\_\_\_\_\_  
 (Corporate officer's full legal first, middle, and last names) (Title) (Last 4 digits of Social Security Number)

\_\_\_\_\_  
 (Date of birth - REQUIRED) (Driver's license number - REQUIRED) (State driver's license issued in)

(You must provide the above information for all corporate officers. If necessary, attach an additional page to list additional officers. Include full legal name, date of birth, and driver's license number. If this is a family corporation, complete application page 3B.)

### Part 2 BUSINESS NAMES OR ASSUMED BUSINESS NAMES See instructions for assistance.

\_\_\_\_\_  
 (Business name) (ABN registry number if applicable)

\_\_\_\_\_  
 (Business name) (ABN registry number if applicable)

PLEASE CONTINUE TO APPLICATION PAGE 3B

**Part 3 CLASSES OF INDEPENDENT CONTRACTORS AND EMPLOYER ACCOUNT INFORMATION** See instructions for assistance.

1) Determine your class of independent contractor license by answering the following questions:

Do you have employees? ☐ Yes (nonexempt) ☐ No (exempt)

Do you have three or more corporate officers (or trustees) who are not all immediate members of the same family? ☐ Yes (nonexempt) ☐ No (exempt)

Do you have three or more unrelated corporate officers (or trustees) and at least one of them is a working corporate officer? ☐ Yes (nonexempt) ☐ No (exempt)

**Select your independent contractor license class:** ☐ **Nonexempt** ☐ **Exempt**  
(If you answered "Yes" to any question you are nonexempt)

2) You must supply both of the following account numbers:

(a) Oregon Business Identification number (BIN)\*: \_\_\_\_\_ or certify below:

\*The BIN number is not the same as an Oregon Corporation Division registry number. Please do not provide this number in this space. See instructions for assistance.

(b) Federal Employer Identification Number (EIN): \_\_\_\_\_ or certify below:

☐ I certify that I applied for an Oregon BIN and/or a Federal EIN on this date: \_\_\_\_\_.  
I further certify that I will provide these number(s) to the CCB within 60 days of the date the CCB license is issued.  
I understand that failure to provide these number(s) will result in the immediate suspension of my license and I waive my rights to a hearing in this case. I understand the CCB will accept this application and issue a CCB license only if I fulfill the conditions above.

**If you selected "nonexempt," you must also provide the following for employees or corporate officers:**

(c) Name of your worker's compensation carrier and policy # \_\_\_\_\_.

3) If you have three or more corporate officers (or trustees) and they are all part of the same family, fill out the box below.

If this is an all-family corporation (or trust), the business may be exempt from workers compensation insurance. Exempt family members, listed in ORS 656.027(23-24), are shown below. Please list all names from application page 3A in the spaces below.

If you are unable to place a name in a space below because that relationship is not listed (cousins, aunts, uncles, etc.), then your business is nonexempt and workers compensation must be provided.

Self \_\_\_\_\_ Spouse \_\_\_\_\_

Son(s) \_\_\_\_\_ Daughter(s) \_\_\_\_\_

Daughter(s)-in-law \_\_\_\_\_ Son(s)-in-law \_\_\_\_\_

Grandchildren \_\_\_\_\_ Parents \_\_\_\_\_

Brother(s) \_\_\_\_\_ Sister(s) \_\_\_\_\_

**PLEASE CONTINUE TO APPLICATION PAGE 6 AND COMPLETE THROUGH PAGE 12**



# CCB LICENSE APPLICATION

## LIMITED LIABILITY COMPANY (LLC)

*CCB use only:* License No. \_\_\_\_\_

Eff. \_\_\_\_\_ to \_\_\_\_\_

☐ ENF    ☐ NASCL    ☐ CORP DV    ☐ ABN

☐ NN \_\_\_\_\_

Educ. \_\_\_\_\_ Test \_\_\_\_\_

### Part **1** ENTITY (OWNERSHIP) See instructions for assistance. Use blue or black ink.

A) \_\_\_\_\_  
 (LLC name. Print/type exactly as listed on Articles of Organization form) (Oregon LLC registry number)

\_\_\_\_\_  
 (LLC mailing address) (City) (State) (Zip) (County)

\_\_\_\_\_  
 (LLC location address) (City) (State) (Zip) (County)

\_\_\_\_\_  
 (Business phone number) (Business fax number) (Business e-mail address, if applicable)

B) \_\_\_\_\_  
 (LLC member's full legal first, middle, and last names) (Last 4 digits of Social Security Number)

\_\_\_\_\_  
 (Date of birth - REQUIRED) (Driver's license number - REQUIRED) (State driver's license issued in)

\_\_\_\_\_  
 (LLC member's full legal first, middle, and last names) (Last 4 digits of Social Security Number)

\_\_\_\_\_  
 (Date of birth - REQUIRED) (Driver's license number - REQUIRED) (State driver's license issued in)

\_\_\_\_\_  
 (LLC member's full legal first, middle, and last names) (Last 4 digits of Social Security Number)

\_\_\_\_\_  
 (Date of birth - REQUIRED) (Driver's license number - REQUIRED) (State driver's license issued in)

(You must provide the above information for all members. Include full legal name, date of birth, and driver's license number. If necessary, attach an additional page to list additional members. If a member is another business entity, please provide, on a separate piece of paper, the full legal name, date of birth, and driver's license number for each of the entity's members or corporate officers. If this is a family LLC, complete application page 4B.)

### Part **2** BUSINESS NAMES OR ASSUMED BUSINESS NAMES See instructions for assistance.

\_\_\_\_\_  
 (Business name) (ABN registry number if applicable)

\_\_\_\_\_  
 (Business name) (ABN registry number if applicable)

**PLEASE CONTINUE TO APPLICATION PAGE 4B**

**Part 3 CLASSES OF INDEPENDENT CONTRACTORS AND EMPLOYER ACCOUNT INFORMATION** See instructions for assistance.

1) Determine your class of independent contractor license by answering the following questions:

Do you have employees? ☐ Yes (nonexempt) ☐ No (exempt)

Do you have three or more members who are not all immediate members of the same family? ☐ Yes (nonexempt) ☐ No (exempt)

Do you have three or more unrelated members and at least one of them is a working member? ☐ Yes (nonexempt) ☐ No (exempt)

**Select your class of independent contractor license:**  
(If you answered "Yes" to any question you are nonexempt)

☐ **Nonexempt** ☐ **Exempt**

2) If you selected "nonexempt," you must provide the following employer account numbers for employees or members:

(a) Name of your worker's compensation carrier and policy: \_\_\_\_\_.

(b) Oregon Business Identification number (BIN)\*: \_\_\_\_\_ or certify below:

\*The BIN number is not the same as an Oregon Corporation Division registry number. Please do not provide this number in this space. See instructions for assistance.

(c) Federal Employer Identification Number (EIN): \_\_\_\_\_ or certify below:

☐ I certify that I applied for an Oregon BIN and/or a Federal EIN on this date: \_\_\_\_\_.  
I further certify that I will provide these number(s) to the CCB within 60 days of the date the CCB license is issued.  
I understand that failure to provide these number(s) will result in the immediate suspension of my license and I waive my rights to a hearing in this case. I understand the CCB will accept this application and issue a CCB license only if I fulfill the conditions above.

3) Does this LLC have more than one member? ☐ Yes ☐ No

If you answered "yes" to this question, you must provide the EIN number in (c) above even if you selected "exempt."

4) If you have three or more LLC members and they are all part of the same family, fill out the box below.

If this is an all-family LLC, the business may be exempt from workers compensation insurance. Exempt family members listed in ORS 656.027(23-24) are shown below. Please list all names from application page 4A in the spaces below.

If you are unable to place a name in a blank below because that relationship is not listed (cousins, aunts, uncles, etc.), then your business is nonexempt and workers compensation must be provided.

Self \_\_\_\_\_ Spouse \_\_\_\_\_

Son(s) \_\_\_\_\_ Daughter(s) \_\_\_\_\_

Daughter(s)-in-law \_\_\_\_\_ Son(s)-in-law \_\_\_\_\_

Grandchildren \_\_\_\_\_ Parents \_\_\_\_\_

Brother(s) \_\_\_\_\_ Sister(s) \_\_\_\_\_

**PLEASE CONTINUE TO APPLICATION PAGE 6 AND COMPLETE THROUGH PAGE 12**

# CCB LICENSE APPLICATION

## LIMITED PARTNERSHIP (LP)

*CCB use only:* License No. \_\_\_\_\_

Eff. \_\_\_\_\_ to \_\_\_\_\_

☐ ENF ☐ NASCL ☐ CORP DV ☐ ABN

☐ NN \_\_\_\_\_

Educ. \_\_\_\_\_ Test \_\_\_\_\_

### Part **1** ENTITY (OWNERSHIP) See instructions for assistance. Use blue or black ink.

A) \_\_\_\_\_  
 (LP name. Print/type exactly as listed on Certificate of Limited Partnership form) (Oregon LP registry number)

\_\_\_\_\_  
 (LP mailing address) (City) (State) (Zip) (County)

\_\_\_\_\_  
 (LP location address) (City) (State) (Zip) (County)

\_\_\_\_\_  
 (Business phone number) (Business fax number) (Business e-mail address, if applicable)

B) \_\_\_\_\_  
 (General Partner's full legal first, middle, and last names) (Last 4 digits of Social Security Number)

\_\_\_\_\_  
 (Date of birth - REQUIRED) (Driver's license number - REQUIRED) (State driver's license issued in)

\_\_\_\_\_  
 (General Partner's full legal first, middle, and last names) (Last 4 digits of Social Security Number)

\_\_\_\_\_  
 (Date of birth - REQUIRED) (Driver's license number - REQUIRED) (State driver's license issued in)

\_\_\_\_\_  
 (General Partner's full legal first, middle, and last names) (Last 4 digits of Social Security Number)

\_\_\_\_\_  
 (Date of birth - REQUIRED) (Driver's license number - REQUIRED) (State driver's license issued in)

(You must provide the above information for all general partners. Include full legal name, date of birth, and driver's license number. If necessary, attach an additional page to list additional members. If this is a family LP, complete application page 5B).

### Part **2** BUSINESS NAMES OR ASSUMED BUSINESS NAMES See instructions for assistance.

\_\_\_\_\_  
 (Business name) (ABN registry number if applicable)

\_\_\_\_\_  
 (Business name) (ABN registry number if applicable)

PLEASE CONTINUE TO APPLICATION PAGE 5B

**Part 3 CLASSES OF INDEPENDENT CONTRACTORS AND EMPLOYER ACCOUNT INFORMATION** See instructions for assistance.

1) Determine your class of independent contractor license by answering the following questions:

Do you have employees? ☐ Yes (nonexempt) ☐ No (exempt)

Do you have three or more general partners who are not all immediate members of the same family? ☐ Yes (nonexempt) ☐ No (exempt)

Do you have three or more unrelated general partners and at least one of them is a working partner? ☐ Yes (nonexempt) ☐ No (exempt)

**Select your independent contractor license class:** ☐ **Nonexempt** ☐ **Exempt**  
(If you answered "Yes" to any question you are nonexempt)

2) (a) You must supply a Federal Employer Identification number (EIN): \_\_\_\_\_ or certify below:

☐ I certify that I applied for a EIN on this date: \_\_\_\_\_.

I further certify that I will provide this number to the CCB within 60 days of the date the CCB license is issued.

I understand that failure to provide this number will result in the immediate suspension of my license and I waive my rights to a hearing in this case. I understand the CCB will accept this application and issue a CCB license only if I fulfill the conditions above.

**If you selected "nonexempt," you must also provide the following for employees or partners:**

(b) Oregon Business Identification number (BIN)\*: \_\_\_\_\_ or certify below:  
\*The BIN number is not the same as an Oregon Corporation Division registry number. Please do not provide this number in this space. See instructions, page 9 for assistance.

☐ I certify that I applied for an Oregon BIN on this date: \_\_\_\_\_.

I will provide this number to the CCB within 60 days of the date the CCB license is issued. I understand that failure to provide this number will result in the immediate suspension of my license and I waive my rights to a hearing in this case. I understand the CCB will accept this application and issue a CCB license only if I fulfill the conditions above.

(c) Name of your worker's compensation carrier and policy #: \_\_\_\_\_.

3) If you have three or more general partners and they are all part of the same family, fill out the box below.

If this is an all-family limited partnership, the business may be exempt from workers compensation insurance. Exempt family members listed in ORS 656.027(23-24) are shown below. Please list all names from application pages 5A in the spaces below.

If you are unable to place a name in a blank below because that relationship is not listed (cousins, aunts, uncles, etc.), then your business is nonexempt and workers compensation must be provided.

Self \_\_\_\_\_ Spouse \_\_\_\_\_

Son(s) \_\_\_\_\_ Daughter(s) \_\_\_\_\_

Daughter(s)-in-law \_\_\_\_\_ Son(s)-in-law \_\_\_\_\_

Grandchildren \_\_\_\_\_ Parents \_\_\_\_\_

Brother(s) \_\_\_\_\_ Sister(s) \_\_\_\_\_

**PLEASE CONTINUE TO APPLICATION PAGE 6 AND COMPLETE THROUGH PAGE 12**

**Part****4****LICENSE ENDORSEMENTS** Check one box only. See instructions for assistance.

1. Read the instructions for Part 4 on Instruction pages 10-12, to determine your license endorsement.
  2. Select an endorsement from below and select your classification within that endorsement. If your license endorsement is Residential and Commercial, choose both endorsements and one classification from each.
    - a. If your license endorsement is Residential, select only one box from the Residential Endorsement Classifications below.  
☐ **RESIDENTIAL ENDORSEMENT CLASSIFICATION:**  
(pick only one)
      - ☐ Residential General Contractor (RGC)
      - ☐ Residential Specialty Contractor (RSC)
      - ☐ Residential Limited Contractor (RLC)
      - ☐ Residential Developer (RD)
    - b. If your license endorsement is Commercial, select only one box from the Commercial Endorsement Classifications below.  
☐ **COMMERCIAL ENDORSEMENT CLASSIFICATION:**  
(pick only one)
      - ☐ Commercial General Contractor Level 1 (CGC1)
      - ☐ Commercial General Contractor Level 2 (CGC2)
      - ☐ Commercial Specialty Contractor Level 1 (CSC1)
      - ☐ Commercial Specialty Contractor Level 2 (CSC2)
      - ☐ Commercial Developer (CD)
- \* If you have selected a Residential and Commercial Endorsement above, you must enclose an original Residential and Commercial surety bond.

**Part****5****WORKERS COMPENSATION FOR EXEMPT COMMERCIAL CONTRACTORS**

See instructions for assistance.

- ☐ I certify on behalf of the licensee that the licensee carries a workers' compensations insurance policy that includes personal election of coverage to cover this licensee.

\_\_\_\_\_  
Carrier\_\_\_\_\_  
Policy Number

**DID YOU CHECK THE RESIDENTIAL OR COMMERCIAL DEVELOPER CLASSIFICATION IN PART 4?**

- ☐ **NO.** I did NOT check the Residential Developer or Commercial Developer box in Part 4. You **MUST** complete this page.
- ☐ **YES.** I checked the Residential Developer or Commercial Developer box in Part 4. Skip this page and go directly to page 8.

**(A) RESPONSIBLE MANAGING INDIVIDUAL (RMI).**

1. The business's RMI is \_\_\_\_\_ (Print and do not leave blank.)
2. The RMI's ID number given to the training provider is \_\_\_\_\_ (see instructions, page 13 for acceptable ID)
3. The RMI's Driver's License number is \_\_\_\_\_ State issued in: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Last 4 digits of Social Security Number \_\_\_\_\_
4. As the RMI, I certify that:
  1. I have management or supervisory authority over the construction activities of the business; and
  2. If this business incurs a construction debt that it does not pay, I understand that I may be prohibited from serving as an owner, officer, or RMI of another license applicant unless that construction debt is satisfied, paid, or discharged.

\_\_\_\_\_  
(Signature of Responsible Managing Individual)

\_\_\_\_\_  
(Date)

5. The RMI listed above qualifies to be the RMI as: (check only one)

**OWNER:****Select from below:**

- ☐ Sole Proprietor  
☐ Partner; joint venturer; general partner of a LP  
☐ Member of a member-managed LLC  
☐ Manager in a manager-managed LLC  
☐ Individual that holds controlling interest in the business.  
 (This may or may not be a corporate officer)

**EMPLOYEE:****Select from below:**

- ☐ An employee  
☐ Corporate Officer (that is not a shareholder or is a minority shareholder in the business)

**(B) TRAINING AND TESTING**

The RMI completed the 16-hour training within 24 months of the date of this application, and passed the test.

- ☐ Yes ☐ No

**Please attach a copy of the test site score report.**

**OR,**

The RMI completed the 16-hour training, passed the test and is the RMI of a license in Oregon that is either currently active or has not lapsed for more than 24 months prior to the date of this application.

- ☐ Yes ☐ No

CCB License Number: \_\_\_\_\_

**(C) OREGON EXPERIENCE.*****The training and test is not required if:***

1. The RMI must be listed on the CCB's current license records as having been a sole proprietor, partner, venturer, member, corporate officer, trustee, or designated RMI of a business licensed before July 1, 2000, and
2. The licensed business either must not have lapsed, or if lapsed, it must not have lapsed for more than 24 months prior to the date of this application, and
3. The RMI must have been listed as a sole proprietor, partner, venturer, member, corporate officer, trustee, or designated RMI of the Oregon business within the 24-month period prior to the date of this application.

**Do you meet the experience requirement?**

- ☐ Yes ☐ No CCB License Number: \_\_\_\_\_

**Part 7 CERTIFICATION OF EXPERIENCE FOR COMMERCIAL CONTRACTORS ONLY**

See instructions for assistance.

**DID YOU CHECK THE COMMERCIAL DEVELOPER CLASSIFICATION IN PART 4?**

- ☐ **NO.** I did NOT check the Commercial Developer box in Part 4. You **MUST** complete this, Part 7.
- ☐ **YES.** I checked the Commercial Developer box in Part 4. Skip this part and go directly to Part 8.

**CERTIFICATION OF EXPERIENCE FOR COMMERCIAL CONTRACTORS ONLY**

1. Read the instructions for Part 7 on Instruction page 16 to determine your total years of construction experience.
2. If you selected one of the commercial endorsement classifications in Part 4, you must check one of the following boxes:

**In Part 4, if you selected:** Commercial General Contractor Level 1 (CGC1) or  
Commercial Specialty Contractor Level 1 (CSC1)

Then you must certify by checking the box below:

- ☐ Level 1 – The applicant has 8 years of construction experience

**In Part 4, if you selected:** Commercial General Contractor Level 2 (CGC2) or  
Commercial Specialty Contractor Level 2 (CSC2)

Then you must certify by checking the box below:

- ☐ Level 2 – The applicant has 4 years of construction experience.

**Part 8 REQUIRED SURETY BOND** See instructions for assistance.

- ☐ I have read the information on pages 11, 12, and 16 of the instructions and I am enclosing the *original* Residential surety bond or Commercial surety bond.

If you have selected a Residential and Commercial Endorsement on Page 6, you must enclose an original Residential and original Commercial surety bond.

**Part 9 REQUIRED GENERAL LIABILITY INSURANCE** See instructions for assistance.

Check one of the following boxes:

- ☐ I have read the information on pages 11, 12, and 17 of the instructions. My policy number *has been issued* and I am enclosing a Certificate of Insurance prepared by the agent. The CCB is named as the certificate holder on the Certificate of Insurance.
- ☐ I have read the information on pages 11, 12, and 17 of the instructions. My policy number *has not been issued* and I am enclosing an insurance binder.

**Part 10 SIC CODES** See instructions for assistance.

List one, two, or three SIC codes from Part 10, Page 17 of the instructions that best describes the work you do.

\_\_\_\_\_

**Part 11 HOME INSPECTOR CERTIFICATION** See instructions for assistance.

1. This business must apply for the Residential General Contractor or Residential Specialty Contractor in Part 4 (see instructions, page 11).
2. List the names of all certified individual(s) and their Oregon Certified Home Inspector (OCHI) numbers:

\_\_\_\_\_

\_\_\_\_\_

☐ Not Applicable

**Part 12 CONSTRUCTION DEBT**

1. Relating to construction activities, check all that apply to each person listed in this application:

- ☐ A final judgment entered within five years preceding this application that remains unsatisfied against the person by a court in any state that requires the person to pay money to another person or to a public body.
- ☐ A final order issued within five years preceding this application that remains unsatisfied against the person by an administrative agency in any state that requires the person to pay money to another person or to a public body.
- ☐ A court action that is currently pending against the person in any state that alleges the person owes money to another person or to a public body.
- ☐ An action currently pending by an administrative agency in any state with an order seeking that the person pay money to another person or to a public body.
- ☐ Not Applicable to any person listed in this application.

2. You must provide copies of the court judgment(s), final orders, or court action(s) pertaining to the actions above.

**Part 13 CRIMINAL BACKGROUND**

Has any person listed on this application been indicted for or convicted of any of the following crimes within the last 5 years?

☐ No ☐ Yes.

If yes, check the appropriate box(es) and fill in the information below. Please provide a detailed explanation of the crime on a separate piece of paper. Include police conviction reports, court documents and letters of reference.

	<u>Date</u>	<u>State</u>	<u>County</u>		<u>Date</u>	<u>State</u>	<u>County</u>
<input type="checkbox"/> Murder	_____	_____	_____	<input type="checkbox"/> Robbery I	_____	_____	_____
<input type="checkbox"/> Assault I	_____	_____	_____	<input type="checkbox"/> Theft I	_____	_____	_____
<input type="checkbox"/> Kidnapping	_____	_____	_____	<input type="checkbox"/> Arson I	_____	_____	_____
<input type="checkbox"/> Sexual abuse	_____	_____	_____	<input type="checkbox"/> Theft by extortion	_____	_____	_____
<input type="checkbox"/> Rape, sodomy or unlawful sexual penetration	_____	_____	_____	If you are under supervision, list the name and contact number: _____			

Providing incomplete or inaccurate information may delay or stop approval. The Construction Contractors Board has the authority to do a criminal history check on all applicants.



Part

14

## LICENSING HISTORY

Is any person in this business currently listed on a CCB license as a sole proprietor, partner, officer, member, trustee, or Responsible Managing Individual (RMI)?

☐ No ☐ Yes. If yes, list current license number(s): \_\_\_\_\_

Has any person in this business ever been listed as an RMI or been previously licensed with the Builders Board or Construction Contractors Board?

☐ No ☐ Yes. If yes, list previous license number(s) or previous business name(s): \_\_\_\_\_

Has any person in this business ever been a sole proprietor, partner, officer, member, trustee, or RMI in a construction business in any other state?

☐ No ☐ Yes. If yes, list name of business(es) and state(s): \_\_\_\_\_

Part

15

## Key Employees See instructions for assistance.

How many "key employees" do you have? \_\_\_\_\_ (A "key employee" is an owner or employee who is a Corporate Officer, Manager, Superintendent, Foreperson, Lead person or any other person who exercises management or supervisory authority over the construction activities of the business).

All Construction Contractors Board (CCB) applicants must certify that its' business activities will be performed in compliance with Oregon's independent contractor law by completing items 1-4 below:

**At all times while conducting business as a CCB licensee:**

YES	NO	
1. <input type="checkbox"/>	<input type="checkbox"/>	The applicant will be free from a client's direction and control over the means and manner of providing the services. The applicant is subject only to the right of the client (for whom the services are provided), to specify the desired results of the work.
2.		<p>The applicant will be customarily engaged in an independently established business by:</p> <p><b>(YOU MUST CHECK <u>THREE OF THE FOLLOWING FIVE</u> TO QUALIFY)</b></p> <p>a. <input type="checkbox"/> Maintaining a business location that is separate from the business or work location for whom the services are provided; or that is in a portion of the applicant's residence and that portion is used primarily for the business.</p> <p>b. <input type="checkbox"/> Bearing the risk of loss related to the business or provision of services as shown by factors such as:</p> <ul style="list-style-type: none"> <li>▪ The applicant enters into fixed-price contracts.</li> <li>▪ The applicant is required to correct defective work.</li> <li>▪ The applicant warrants the services provided or the applicant negotiates indemnification agreements or purchases liability insurance performance bonds or errors and omissions insurance.</li> </ul> <p>c. <input type="checkbox"/> Providing contract services for two or more different persons within a 12 month period, or the applicant routinely engages in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to provide similar services.</p> <p>d. <input type="checkbox"/> Making significant investment in the business, through means such as:</p> <ul style="list-style-type: none"> <li>▪ Purchasing tools or equipment necessary to provide the services.</li> <li>▪ Paying for the premises or the facilities where the services are provided; or</li> <li>▪ Paying for the licenses, certificates, or specialized training required to provide the services.</li> </ul> <p>e. <input type="checkbox"/> Having the authority to hire other persons to provide or to assist in providing the services and has the authority to fire those persons. Contractors hiring employees must be licensed under the non-exempt class of independent contractor and carry proper workers compensation insurance to protect subject workers.</p>
3. <input type="checkbox"/>	<input type="checkbox"/>	The applicant will maintain an active license with the CCB in accordance with ORS chapter 701 while performing construction services.
4. <input type="checkbox"/>	<input type="checkbox"/>	The applicant is responsible for obtaining other licenses or certificates necessary to provide the construction services.

**Applicants that cannot check the "yes" box on numbers 1, 3, and 4, above, and that cannot meet three of the five qualifiers listed in number 2 a - e, cannot obtain a license with the CCB.**

**Part 17 SIGNATURE**

1. To the best of my knowledge, the information on this application is complete and correct.
2. For as long as this license is in effect, the applicant will continue to carry the required liability insurance.
3. Effective this date, if the applicant hires employees, the applicant is required to comply with workers compensation laws, and will maintain a workers compensation insurance policy so long as the applicant is an employer.
4. If the Responsible Managing Individual (RMI) leaves the business, the applicant will notify the CCB in writing immediately and will provide a new RMI's name.
5. The applicant will operate as an independent contractor as stated in Part 16.
6. As a result of licensing as an independent contractor, neither the applicant nor any of the applicant's heirs will qualify for workers compensation or unemployment compensation unless they make their own arrangements for insurance coverage. The decision to be an independent contractor is voluntary and is not a condition of any contract entered into by me or by the applicant.
7. The applicant has one or more key employees who satisfy the construction experience requirements.
8. Any and all information regarding the applicant's license may be shared with the licensing agencies of other states.
9. The applicant must conform to the information provided on this application and to the terms of the license. The applicant can receive a civil penalty of \$5,000 per offense and that the applicant's license can be suspended or revoked for failure to do so.
10. If this business incurs a construction debt that it does not pay, I may be prohibited from serving as an owner, officer, or RMI of another license applicant unless that construction debt is satisfied, paid, or discharged.
11. If I sign below as an owner, partner, corporate officer, LLC member, or trustee of this applicant, I will be held liable as such.

**By signing below, I certify that I have read and understand the eleven statements listed above.**

(Signature of sole proprietor) *	(Printed name of sole proprietor)	(Date)
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(Signature of partner) *	(Printed name of partner)	(Signature of partner) *	(Printed name of partner)
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(Signature of partner) *	(Printed name of partner)	(Date)
--------------------------	---------------------------	--------

(Signature of corporate officer) *	(Printed name)	(Signature of corporate officer) *	(Printed name)
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(Signature of corporate officer) *	(Printed name)	(Date)
------------------------------------	----------------	--------

(Signature of LLC member/ manager) *	(Printed name)	(Signature of LLC member/ manager)*	(Printed name)
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(Signature of LLC member/ manager) *	(Printed name)	(Date)
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(Signature of trustee) *	(Printed name)	(Signature of trustee) *	(Printed name)
--------------------------	----------------	--------------------------	----------------

(Signature of trustee) *	(Printed name)	(Date)
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*If necessary, attach an additional page to list additional partners, corporate officers, LLC members/managers, or trustees.*

*\*Your signature means you are bound by the terms of this application, even if you do not read the above terms.*

**Part 18 APPLICATION FEES**

Check the following:

- ☐ I am applying for a two-year license. I understand that once the license has been issued, the \$325 application fee is non-refundable and cannot be transferred to any other business entity.

Payment must be made for the exact amount by check, money order, Visa, MasterCard, or Discover. Cash is accepted only when licensing in person.

If paying by check or money order, make payable to the **Construction Contractors Board.**

**CREDIT CARD PAYMENTS (BY MAIL ONLY)**

Fill out this section only if you are mailing your application and using your credit card for payment.

If paying by credit card: ☐ Visa ☐ MasterCard ☐ Discover

I authorize the following charge on my credit card: ☐ \$325

Account # \_\_\_\_\_ Expiration Date (Mo/Yr) \_\_\_\_\_

Print Name as Displayed on Card \_\_\_\_\_

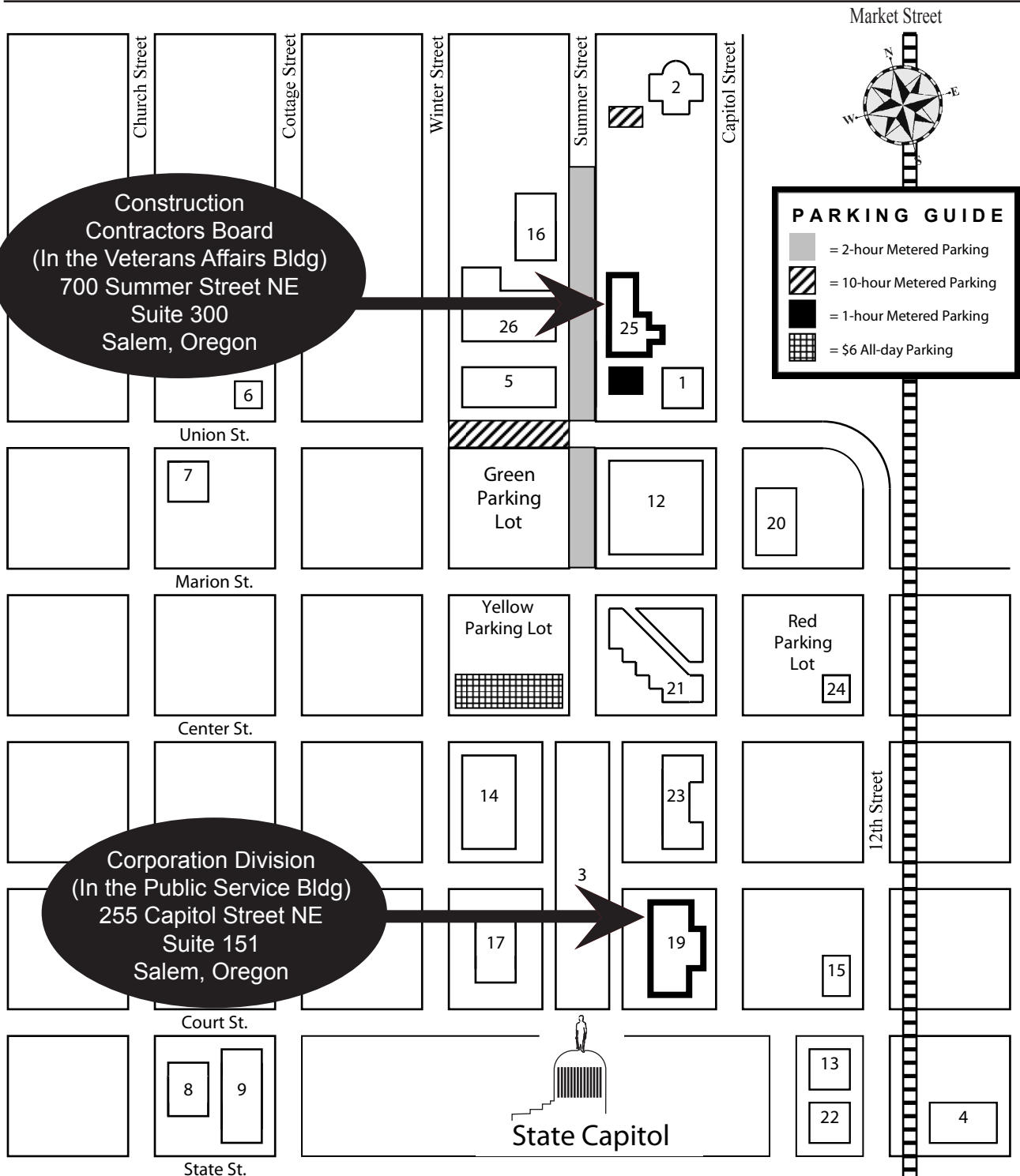
Credit Card Holder's Address \_\_\_\_\_  
(Street) (City, State, Zip)

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**  
**AMOUNT PAID**

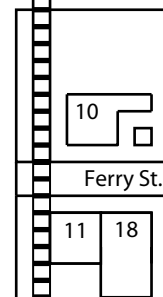
**PLEASE SUBMIT YOUR APPLICATION BY MAIL OR IN PERSON  
FAXED APPLICATIONS WILL NOT BE ACCEPTED  
THANK YOU**

Directions to CCB Office:  
 From I-5, take the Market Street Exit, #256  
 Coming from the North, Turn Right onto Market  
 Coming from the South, Turn Left onto Market  
 Travel approximately 2 miles and turn Left onto Summer



#### CAPITOL MALL AREA BUILDINGS

- |                                   |                                     |                      |
|-----------------------------------|-------------------------------------|----------------------|
| 1. Agriculture                    | 10. Administrative Services- East   | 19. Public Service   |
| 2. Archives                       | 11. Heating plant                   | 20. Public Utility   |
| 3. Capitol Mall Parking Structure | 12. Human Resources                 | 21. Revenue          |
| 4. Commerce                       | 13. Justice                         | 22. Supreme Court    |
| 5. Employment-Central Office      | 14. Labor & Industries              | 23. Transportation   |
| 6. Employment-Field Office        | 15. Land Conservation & Development | 24. Real Estate      |
| 7. Energy                         | 16. Lands                           | 25. Veterans Affairs |
| 8. Administrative Services-West   | 17. Library (State)                 | 26. North Mall       |
| 9. Parking Structure              | 18. Parking Structure               |                      |



**CONSTRUCTION CONTRACTORS BOARD**

PO Box 14140

Salem OR 97309-5052