

# APPLICATION FOR BUSINESS: LEAD INSPECTION CONTRACTORS LICENSE



Construction Contractors Board  
 PO Box 14140  
 700 Summer St. NE, Suite 300  
 Salem, OR 97309-5052  
 503-378-4621     [www.oregon.gov/ccb](http://www.oregon.gov/ccb)

LBPI # \_\_\_\_\_

Eff. date \_\_\_\_\_  
*(Do not write in this box.)*

## APPLICANT INFORMATION: (Please type or print neatly using blue or black ink).

Full Legal Name of Sole Proprietor, Partnership, Corporation or LLC		CCB License No.
Business Mailing Address	City, State	Zip Code
Telephone Number (     )	Cell Phone Number (     )	E-Mail Address
Full Legal Name of Partner, General Partner, Corporate Officer or LLC Member (if not a sole proprietorship)	Full Legal Name of Partner, General Partner, Corporate Officer or LLC Member (if not a sole proprietorship)	
Full Legal Name of Partner, General Partner, Corporate Officer or LLC Member (if not a sole proprietorship)	Full Legal Name of Partner, General Partner, Corporate Officer or LLC Member (if not a sole proprietorship)	

## LEAD INSPECTOR/RISK ASSESSOR

Full Legal Name of Lead Inspector or Lead Risk Assessor	CCB Lead License No. 915 _____	<input type="checkbox"/> Owner <input type="checkbox"/> Employee
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*(If necessary, attach an additional page to list other names, including all information on previous lines)*

## SIGNATURE

I certify that I have read and will comply with ORS 431.920, ORS 701.505 to 701.515 (as amended by Oregon Laws 2009, chapter 757), and the rules adopted pursuant thereto. I also certify that the information and documentation given in this application is complete and accurate to the best of my knowledge.

Signature of Sole Proprietor, Partner, Corporate Officer or Member	Date
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## INCLUDE WITH APPLICATION

Copy of Public Health Division Certification

Fee - \$50 (make checks payable to the Construction Contractors Board)

## CREDIT CARD PAYMENTS - (Credit card-only customers may fax this application to 503-373-2155)

Billing Name	Billing Address	
Amount of Payment <b>\$50</b>	Card Number	Expiration Date
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	Signature of Card Holder _____	Date _____
		Office Use Only

## **INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR BUSINESS: LEAD INSPECTION CONTRACTORS LICENSE.**

**You must have a current and active CCB license to apply and the requested information must match what is currently listed on your CCB license.**

### **APPLICANT INFORMATION:**

#### Full Legal Name of Sole Proprietor, Partnership, Corporation or LLC:

Enter the name of the entity as listed on your CCB License. Do not include Assumed Business names here.

#### Business Mailing Address, Telephone, Cell phone and E-mail Address:

Enter your business mailing address. If this has changed please submit a Request to Change Address or Assumed Business Name or Business Entity Name Amendment form.

#### Full Legal Name of Partner, General Partner, Corporate Officer or LLC Member (if not a Sole Proprietor):

Provide names of all owners as listed on your current CCB License. If officers / members have changed please submit a Request to Change Personnel form and include a copy of your company minutes. (If you are a partnership/joint venture, limited partnership or a limited liability partnership, a new license application is required if the partners have changed.) If necessary, attach an additional page to list owners.

### **LEAD INSPECTOR/RISK ASSESSOR:**

#### Full Legal Name Lead Inspector or Lead Risk Assessor:

List the full legal name of the individual, list the CCB Individual Lead Inspection or Lead Risk Assessor license number and identify if they are an owner or an employee. (A corporate officer is an owner.) If necessary, attach an additional page to list additional names and information.

### **SIGNATURE:**

Application must be signed by Sole Proprietor, Partner, Corporate Officer or Member.

### **INCLUDE:**

#### Copy of Business Public Health Division Certification:

This is the certification received from the Oregon Health Authority, Public Health Division for your business entity.

#### Fee:

Required \$50 fee

Note: Fees are non-refundable and non-transferrable (OAR 812-007-0360).