



CONSTRUCTION CONTRACTORS BOARD
 PO Box 14140
 Salem OR 97309-5052
 503-378-4621
www.oregon.gov/CCB



CHANGE MY WORKERS' COMPENSATION STATUS
(NOTIFICATION OF CHANGED CONTRACTOR LICENSE STATUS per
ORS 701.035 and OAR 812-003-0321)

NAME AND LICENSE NUMBER

 Name *(Print name of licensee)*

 CCB license number

CHANGE STATUS TO:

I would like to change my class to: Exempt (no employees)

Are you a commercial contractor?

NO

YES - **Personal election insurance - REQUIRED:**

Insurance Company name (not agent name) _____

Policy number _____

I would like to change my class to: Nonexempt (have employees or are using leased employees)

Workers' Compensation insurance - REQUIRED:

Insurance Company name (not agent name) _____

Policy number _____

For leased employees, you may use the leasing company's workers' compensation information.

SIGNATURE

 Printed Name *(Print name of sole proprietor, partner, LLC member or corporate officer)*

(_____)_____
 Phone number

 Signature *(Required)*

 Date *(Required)*