

APPLICATION FOR BUSINESS: LEAD INSPECTION OR ABATEMENT CONTRACTORS LICENSE



Construction Contractors Board
 PO Box 14140
 Salem, OR 97309-5052
 503-378-4621 www.oregon.gov/ccb

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 ()	Email Address

LEAD SUPERVISOR (ABATEMENT LICENSE)

Full Legal Name of Lead Supervisor	CCB Lead License No. 915 ____ _	<input type="checkbox"/> Owner <input type="checkbox"/> Employee
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LEAD INSPECTOR/RISK ASSESSOR (INSPECTION LICENSE)

Full Legal Name of Lead Inspector or Lead Risk Assessor	CCB Lead License No. 915 ____ _	<input type="checkbox"/> Owner <input type="checkbox"/> Employee
Full Legal Name of Lead Inspector or Lead Risk Assessor	CCB Lead License No. 915 ____ _	<input type="checkbox"/> Owner <input type="checkbox"/> Employee

SIGNATURES

I certify that I have read and will comply with ORS 431.920, ORS 701.505 to 701.515, 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
Signature of Lead Supervisor	Date

INCLUDE WITH APPLICATION

- Copy of Public Health Division Certification (all applicants) AND Photo ID Badge (Inspectors/Assessors only)
- 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 \$50	Card Number
Expiration Date	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	Office Use Only
Signature of Card Holder _____ Date _____	

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR BUSINESS: LEAD INSPECTION OR ABATEMENT CONTRACTORS LICENSE.

You must have a current, active CCB license to apply.

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 email address:

Enter your business mailing address, phone numbers and email address. If these have changed please submit an "Address or Business Change" form.

LEAD SUPERVISOR:

List the *full legal name* of the individual, list the CCB Individual Lead Supervisor license number, and, identify if they are an owner or an employee.

LEAD INSPECTOR/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.

SIGNATURES:

Application must be signed by the owner (Sole Proprietor, Partner, Corporate Officer or Member) **AND** the Lead Supervisor.

INCLUDE WITH APPLICATION:

Lead Supervisor: A copy of the Business Public Health Division Certification issued by the Oregon Health Authority.

Lead Inspector or Risk Assessor: A copy of the Business Public Health Division Certification issued by the Oregon Health Authority, **AND**, a copy of both sides of the Photo ID Badge issued by the Oregon Health Authority.

Fee:

\$50