

# APPLICATION FOR INDIVIDUAL: LEAD BASED PAINT ACTIVITIES LICENSE



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

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

Full (Legal) First		Middle Name		Last Name	
Business Mailing Address			City, State		Zip Code
Telephone Number (     )	Cell Phone Number (     )		Email Address		
Name of Business you own or are employed by				CCB License No.	
				<input type="checkbox"/> Owner <input type="checkbox"/> Employee	

## TYPE OF LEAD BASED PAINT ACTIVITIES LICENSE (Select all that apply)

Inspector    
  Risk Assessor    
  Supervisor    
  Worker

## SIGNATURE

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.

Applicant Signature	Date
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## INCLUDE WITH APPLICATION

Copy of Public Health Division Certification    
  Copy of Public Health Division Photo I.D. Badge  
 \$50 – Inspector    
  – \$50 Risk Assessor  
 \$50 – Supervisor    
  – \$25 - Worker

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	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 INDIVIDUAL: LEAD BASED PAINT ACTIVITIES LICENSE.

## **APPLICANT INFORMATION:**

Full legal name:

Enter the full legal first, middle and last name.

Business mailing address, telephone, cell phone and email Address:

Enter your business mailing address, phone and email address.

Name of business you own or are employed by and CCB number:

Per OAR 812-007-0100 – No individual shall offer to perform or perform LBP activities in target housing or child-occupied facilities without first receiving certification from the Department and a license from the board, unless such individual is exempt from the boards licensing requirements. (If you are exempt from licensing with the CCB please contact the Oregon Health Authority.)

## **TYPE OF LEAD BASED PAINT ACTIVITIES LICENSE (Select all that apply):**

Mark the type of Activities requested. (Must include OHA certifications for all selected)

## **SIGNATURE:**

Application must be signed by applicant.

## **INCLUDE WITH APPLICATION:**

Copy of Business Public Health Division Certification(s):

This is the certification received from the Oregon Health Authority (OHA), Public Health Division, for your specific type of activities.

Copy of Oregon Health Division Photo ID Badge:

This is the Photo ID Badge received from the OHA, Public Health Division.

Fee (each):

\$50 – Inspector

\$50 – Supervisor

\$50 – Risk Assessor

\$25 – Worker