



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



ACTIVE LICENSE STATUS REQUEST FORM - \$20 FEE REQUIRED

Name _____
(Print name of licensed entity) CCB License No. _____

I am requesting that the above license be converted from inactive status **back to active status**. I understand that the above license must comply with all of the following conditions before my license will be converted back to active status:

1. **Do you have a current, active bond on file with the CCB?** Yes No
 If you answered "No" you must enclose an original, signed bond(s) with this form. The bond(s) must be in the amount required for your chosen endorsement(s).

2. **Do you have a current, valid Certificate of Insurance on file with the CCB?** Yes No
 If you answered "No" you must submit a Certificate of Insurance with this form. The Certificate of Insurance must be in the amount required for your chosen endorsement(s).

3. **Is your business name filed and active at the Oregon Corporation Division?** Yes No N/A
 If you answered "No" you must supply evidence that you have an active business registry filing at the Oregon Corporation Division. You may call 503-986-2200 for assistance.

4. **Are the employer account numbers on file still current and active?** Yes No N/A
 If you answered "No" you must supply current employer account numbers if your employer status is non-exempt. In addition, you must supply evidence of active workers' compensation coverage.

5. **Are you a residential contractor?** Yes No
 If you answered "Yes" you must have completed the required continuing education, **IF** you did not do so at your last renewal. If you are exempt from these requirements, please check the appropriate box on page 2.

6. **Are you a commercial contractor with an "exempt" employer status?** Yes No
 If you answered "Yes" you must supply evidence that you have personal election coverage.

By signing below, I certify that I have read the above, and that the licensed entity has, and will continue to, comply with each requirement.

Person making request _____
(Please print name of sole proprietor, partner, officer, member or trustee)

Signature _____ Date _____
(Sole proprietor, partner, officer, member or trustee)

Make checks payable to *Construction Contractors Board*. Please allow 7-10 days for processing.

| CREDIT CARD PAYMENTS - Credit card-only customers may fax this application to 503-373-2155. | | | |
|---|--------------------------------|-----------------|-----------------------------------|
| Billing Name | | Billing Address | |
| Amount of Payment \$20 | Card Number | | Expiration Date |
| <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover | Signature of Card Holder _____ | | Date _____ Office Use Only |

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RESIDENTIAL CONTINUING EDUCATION DECLARATION

Residential Continuing Education - Courses must be completed by an owner, officer, RMI or employee.

- Residential Contractor licensed for 6 or more years prior to renewal date:
- Residential Contractor licensed for less than 6 years prior to renewal date:
- Residential Contractor with exemption listed below:

OAR 812-022-0021 Exemptions:

Please check the box below that applies to your license, and list the business or individual name and license or certification number. **Residential Developers** are exempt from all continuing education requirements.

- Electrical contractors (owner, officer or employee) licensed under ORS 479.510 to 479.945

Name: _____ BCD License Number: _____

- Plumbing contractors (owner, officer or employee) licensed under ORS 447.040 and chapter 693

Name: _____ BCD License Number: _____

- Architects registered under ORS 671.010 to 671.020 – Must be an owner or officer

Name: _____ License Number: _____

- Engineers licensed under ORS 672.002 to 672.325 – Must be an owner or officer

Name: _____ License Number: _____

- Boiler contractors licensed under ORS 480.510 to 480.670

Name: _____ BCD License Number: _____

- Elevator contractors licensed under ORS 479.510 to 479.945

Name: _____ BCD License Number: _____

- Limited sign contractors licensed under ORS 479.510 to 479.945

Name: _____ BCD License Number: _____

- Pump installation contractors licensed under ORS 479.510 to 479.945

Name: _____ BCD license Number: _____

- Renewable energy contractors licensed under ORS 479.510 to 479.945 – Must be an owner or officer

Name: _____ BCD License Number: _____

- Landscape contractors licensed under ORS 671.510 to 671.760

Name: _____ LCB License Number: _____

- Home inspectors (owner, officer or employee) certified under ORS 701.350

Name: _____ OCHI Number: _____

- Master Builders certified under ORS 455.810

Name: _____ Certification Number: _____

For further assistance go to our website at www.oregon.gov/ccb or call 503-378-4621.