



# APPLICATION FOR RESIDENTIAL LICENSE

**Office location:**

201 High St SE, Suite 600  
Salem, OR 97301

**Mailing address:**

PO Box 14140  
Salem, OR 97309-5052

**For assistance call:**

503-378-4621

**Website address:**

[www.oregon.gov/ccb](http://www.oregon.gov/ccb)

**Information email:**

[ccb.info@state.or.us](mailto:ccb.info@state.or.us)

## HOW TO FILL OUT THE CONSTRUCTION CONTRACTORS BOARD (CCB) LICENSE APPLICATION

- ✓ Complete **every** section of the application, using black or dark blue ink (no other colored ink or pencil).
- ✓ This form may **ONLY** be used to apply for a new license, not to renew an existing license.
- ✓ If you are **sole proprietor**, complete only pages 1-2 and 7-12.
- ✓ If your business is a **corporation, limited liability company, or trust**, complete only pages 3-4 and 7-12.
- ✓ If your business is any type of **partnership or a joint venture**, complete only pages 5-12.
- ✓ Attach the Surety Bond(s) for the proper amount in the **exact name(s)** listed on line "A" to your completed and signed application. (Limited partnerships must have the bond in the name of the general partner(s) as well as the limited partnership name.)
- ✓ Attach a Certificate of Liability Insurance, in the **exact name** listed on line "A", naming CCB as the certificate holder, to your completed and signed application.
- ✓ Submit your completed and signed application, with \$325, the original Surety Bond, and the Certificate of Liability Insurance to CCB. Payment must be made by credit card, check, or money order. Cash is not accepted.

**All documents – the application, bond and insurance – MUST be submitted together. Licensing will be delayed if application is incomplete or documents are missing.**

### **Who needs a Construction Contractors License?\***

\*per ORS 701 and OAR 812

Work that **does** require a license:

Oregon law requires anyone who works for compensation in any construction activity involving improvements to real property to be licensed with CCB.

Examples include:

- Roofing
- Siding
- Painting
- Carpentry
- Floor covering
- Concrete
- Heating
- Air conditioning
- Electrical
- Plumbing
- Tree servicing
- On-site appliance repair
- Land development
- Home inspection
- Most construction and repair services

Work that **does not** require a license:

Some common examples include:

- Gutter cleaning
- Power and pressure washing for the purpose of cleaning (siding, sidewalks, etc.)
- Debris clean up (yard or construction site)

# CCB LICENSE APPLICATION

## SOLE PROPRIETORSHIP

<i>CCB use only:</i> License No. _____
Eff. _____ to _____
<input type="checkbox"/> ENF <input type="checkbox"/> RBO <input type="checkbox"/> CORP DV <input type="checkbox"/> ABN
<input type="checkbox"/> NAME CHECK _____
Educ. _____ Test _____

**ENTITY (OWNERSHIP) The owner must be 18 years or older. All information is REQUIRED.**

A) \_\_\_\_\_  
**Full legal first name      Full legal middle name      Full legal last name**

\_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security number \_\_\_\_\_

\_\_\_\_\_

Driver's license number \_\_\_\_\_ State driver's license issued \_\_\_\_\_

B) \_\_\_\_\_  
**Business *mailing* address      City      State      Zip      County**

\_\_\_\_\_

Business ***physical*** address      City      State      Zip      County

\_\_\_\_\_

/ \_\_\_\_\_ / \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Telephone number      Fax number

\*You must provide your Social Security number for any individuals licensed or certified by the CCB, per 42 USC 666(13)(a), ORS 25.785, and ORS 701.046.

**ASSUMED BUSINESS NAMES (IF APPLICABLE)**

\_\_\_\_\_

(Business name\*\*) (ABN registry number if applicable)

\_\_\_\_\_

(Business name\*\*) (ABN registry number if applicable)

\*\*Contact the Oregon Secretary of State to register your business name(s).

## WORKERS' COMPENSATION CLASSES AND EMPLOYER ACCOUNT NUMBERS

1) Determine your workers' compensation class by answering the following question:

Do you have employees?

Yes (Nonexempt)     No (Exempt)

2) If you checked "Yes/Nonexempt" for question #1, you must provide:

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Workers' Compensation Policy Carrier

Policy Number

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

### **EMPLOYER ACCOUNT NUMBERS:**

- 3) Oregon Business Identification Number (BIN): \_\_\_\_\_.
- Usually required if the business has employees.
  - It is not the Social Security Number or the business registry number.
  - Contact the Oregon Department of Revenue at 503-378-4988 for more information.
- 4) Federal Employer Identification Number (EIN): \_\_\_\_\_.
- Usually required if the business has employees.
  - It is not the Social Security Number or the business registry number.
  - Contact the Internal Revenue Service at [www.irs.gov](http://www.irs.gov) for more information.

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# CCB LICENSE APPLICATION CORPORATION, TRUST or LIMITED LIABILITY COMPANY (LLC)

<p><i>CCB use only:</i> License No. _____</p> <p>Eff. _____ to _____</p> <p><input type="checkbox"/> ENF <input type="checkbox"/> RBO <input type="checkbox"/> CORP DV <input type="checkbox"/> ABN</p> <p><input type="checkbox"/> NAME CHECK _____</p> <p>Educ. _____ Test _____</p>
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**ENTITY (OWNERSHIP) All owners must be 18 years or older. All information is REQUIRED.**

A) \_\_\_\_\_  
Corporate or LLC name. Print/type **exactly** as filed at Corporation Division\*      Oregon corporate or LLC registry number

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Corporate or LLC **mailing** address      City      State      Zip      County

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Corporate or LLC **physical** address      City      State      Zip      County

---

\_\_\_\_\_/\_\_\_\_\_  
Business phone number      Business fax number      Business e-mail address

B) \_\_\_\_\_  
**Officer/member full legal first name**      **Full legal middle name**      **Full legal last name**

---

\_\_\_\_\_  
Date of birth      \_\_\_\_\_  
Driver's license # & state issued      \_\_\_\_\_  
Last 4 digits of Social Security Number

---

**Officer/member full legal first name**      **Full legal middle name**      **Full legal last name**

---

\_\_\_\_\_  
Date of birth      \_\_\_\_\_  
Driver's license # & state issued      \_\_\_\_\_  
Last 4 digits of Social Security Number

---

**Officer/member full legal first name**      **Full legal middle name**      **Full legal last name**

---

\_\_\_\_\_  
Date of birth      \_\_\_\_\_  
Driver's license # & state issued      \_\_\_\_\_  
Last 4 digits of Social Security Number

**You must provide the above information for all corporate officers or members per ORS 701.046.** If necessary, attach an additional page to list additional officers or members. Include full legal name, date of birth, and driver's license number. If a member is another entity, please include the full legal name, date of birth, and driver's license number for each officer of the member entity.

**ASSUMED BUSINESS NAMES (IF APPLICABLE)**

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(Business name\*)      (ABN registry number if applicable)

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(Business name\*)      (ABN registry number if applicable)

\*Contact the Oregon Secretary of State to register your business name(s).

## WORKERS' COMPENSATION CLASSES AND EMPLOYER ACCOUNT NUMBERS

1) Determine your workers' compensation class by answering the following questions:

Do you have employees?  Yes (Nonexempt)  No (Exempt)

Do you have three or more officers, members or trustees who are not all immediate members of the same family?  Yes (Nonexempt)  No (Exempt)

Do you have three or more unrelated officers, members or trustees and at least one of them is a working officer, member or trustee?  Yes (Nonexempt)  No (Exempt)

2) If you checked any box in number 1 as "Yes/Nonexempt", you must provide:

Workers' Compensation Policy Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

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

### **EMPLOYER ACCOUNT NUMBERS:**

3) Oregon Business Identification Number (BIN): \_\_\_\_\_.

- Usually required if the business has employees.
- It is not the Social Security Number or the business registry number.
- Contact the Oregon Department of Revenue at 503-378-4988 for more information.

4) Federal Employer Identification Number (EIN): \_\_\_\_\_.

- Usually required if the business has employees.
- It is not the Social Security Number or the business registry number.
- Contact the Internal Revenue Service at [www.irs.gov](http://www.irs.gov) for more information.

### **FAMILY RELATIONSHIP IDENTIFICATION:**

5) If you have three or more corporate officers, or members or trustees, and they are all part of the same family, complete the information below.\*

Self \_\_\_\_\_ Spouse \_\_\_\_\_

Son(s) \_\_\_\_\_ Daughter(s) \_\_\_\_\_

Daughter(s)-in-law \_\_\_\_\_ Son(s)-in-law \_\_\_\_\_

Grandchildren \_\_\_\_\_ Parents \_\_\_\_\_

Brother(s) \_\_\_\_\_ Sister(s) \_\_\_\_\_

\* If this is an all-family corporation, limited liability company or trust, the business *may* be exempt from workers' compensation insurance. However if the family relationship is not listed above (for example, cousins, aunts or uncles), then your business is nonexempt and workers' compensation must be provided.

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# CCB LICENSE APPLICATION PARTNERSHIP, JOINT VENTURE, LIMITED LIABILITY PARTNERSHIP (LLP) or LIMITED PARTNERSHIP (LP)

*CCB use only:* License No. \_\_\_\_\_  
 Eff. \_\_\_\_\_ to \_\_\_\_\_  
 ENF  RBO  CORP DV  ABN  
 NAME CHECK \_\_\_\_\_  
 Educ. \_\_\_\_\_ Test \_\_\_\_\_

**ENTITY (OWNERSHIP) All owners must be 18 years or older. All information is REQUIRED.**

A) \_\_\_\_\_  
 Partner's full legal first name      Full legal middle name      Full legal last name

\_\_\_\_\_

Date of birth      Driver's license # & state issued      Last 4 digits of Social Security Number

\_\_\_\_\_

Partner's full legal first name      Full legal middle name      Full legal last name

\_\_\_\_\_

Date of birth      Driver's license # & state issued      Last 4 digits of Social Security Number

\_\_\_\_\_

Partner's full legal first name      Full legal middle name      Full legal last name

\_\_\_\_\_

Date of birth      Driver's license # & state issued      Last 4 digits of Social Security Number

B) \_\_\_\_\_

Business **mailing** address      City      State      Zip      County

\_\_\_\_\_

Business **physical** address      City      State      Zip      County

\_\_\_\_\_

/      /      \_\_\_\_\_

Business telephone number      Business fax number      Business e-mail address

**You must provide the above information for all partners per ORS 701.046.** If necessary, attach an additional page to list additional partners/ventures. Include full legal name, Social Security number, date of birth, and driver's license number for all partners. If a partner is a business entity, please provide the full legal name, SSN, date of birth and driver's license number for each entity's members or corporate officers.

\*You must provide your Social Security number for any individuals licensed or certified by the CCB, per 42 USC 666(13)(a), ORS 25.785, and ORS 701.046

**BUSINESS NAMES AND ASSUMED BUSINESS NAMES**

\_\_\_\_\_

(LLP Business name, if applicable\*\*)      (LLP registry number if applicable)

\_\_\_\_\_

(LP Business name, if applicable\*\*)      (LP registry number if applicable)

\_\_\_\_\_

(ABN Business name, if applicable\*\*)      (ABN registry number if applicable)

If necessary, attach an additional page to list additional ABN(s)/registry numbers used by the partnership, joint venture or LLP.

\*\*Contact the Oregon Secretary of State to register your business name(s).

## WORKERS' COMPENSATION CLASSES AND EMPLOYER ACCOUNT NUMBERS

1) Determine your workers' compensation class by answering the following questions:

Do you have employees?  Yes (Nonexempt)  No (Exempt)

Do you have three or more partners who are not all immediate members of the same family?  Yes (Nonexempt)  No (Exempt)

Do you have three or more unrelated partners and at least one of them is a working officer, member or trustee?  Yes (Nonexempt)  No (Exempt)

2) If you checked any box in number 1 as "Yes/Nonexempt", you must provide:

Workers' Compensation Policy Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

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

### **EMPLOYER ACCOUNT NUMBERS:**

3) Oregon Business Identification Number (BIN): \_\_\_\_\_.

- Usually required if the business has employees.
- It is not the Social Security Number or the business registry number.
- Contact the Oregon Department of Revenue at 503-378-4988 for more information.

4) Federal Employer Identification Number (EIN): \_\_\_\_\_.

- Usually required if the business has employees.
- It is not the Social Security Number or the business registry number.
- Contact the Internal Revenue Service at [www.irs.gov](http://www.irs.gov) for more information.

### **FAMILY RELATIONSHIP IDENTIFICATION:**

5) If you have three or more partners, and they are all part of the same family, complete the information below.\*

Self \_\_\_\_\_ Spouse \_\_\_\_\_

Son(s) \_\_\_\_\_ Daughter(s) \_\_\_\_\_

Daughter(s)-in-law \_\_\_\_\_ Son(s)-in-law \_\_\_\_\_

Grandchildren \_\_\_\_\_ Parents \_\_\_\_\_

Brother(s) \_\_\_\_\_ Sister(s) \_\_\_\_\_

\* If this is an all-family partnership, the business *may* be exempt from workers' compensation insurance. However if the family relationship is not listed above (for example, cousins, aunts or uncles), then your business is nonexempt and workers' compensation must be provided.

**RESIDENTIAL ENDORSEMENTS**

Select a Residential Endorsement classification from one of the lists below. For more information, see the Endorsement Chart at the back of this application.

- Residential General Contractor (RGC)
- Residential Specialty Contractor (RSC)
- Residential Limited Contractor (RLC)
- Residential Developer (RD)

**RESTRICTED LICENSE ENDORSEMENTS – Most require a qualifying individual**

- Home Services Contractor (HSC) No RMI or qualifying individual required.
- Home Inspector Services Contractor (HISC) – Must have certified Home Inspector listed  
Oregon Home Inspector Certification (OCHI) holder name \_\_\_\_\_ # \_\_\_\_\_
- Home Energy Performance Score Contractor (HEPSC) – Must have certified Home Energy Assessor listed  
Oregon Home Energy Assessor (Dept of Energy) Certification holder name \_\_\_\_\_ # \_\_\_\_\_
- Residential Locksmith Services Contractor (RLSC) – Must have certified Locksmith listed  
Oregon Locksmith Certification holder name \_\_\_\_\_ # \_\_\_\_\_

**CONSTRUCTION DEBT**

- 1) Check each box below if the business, or any person listed in this application, has outstanding:
  - A final, unpaid order or a final, unpaid arbitration award issued by the Construction Contractors Board.
  - A final, unpaid court judgment; a final, unpaid arbitration award; or a final, unpaid civil penalty arising from construction activities within the United States.
  - A final, unpaid court judgment or final, unpaid civil penalty arising from failure to maintain workers' compensation insurance or pay workers' compensation awards.
  - An amount owed to employees of a construction contracting business for unpaid wages..
- 2) Check here if:
  - Neither the business, nor any person listed in this application, have an outstanding obligation as indicated in number 1.**
- 3) If any box is checked in number 1 above, provide copies of the order(s), arbitration award(s), judgment(s), civil penalties or evidence of other obligation.

**CRIMINAL BACKGROUND\***

Has any person listed on this application been indicted for or convicted of any of the following crimes?

No  Yes - If "Yes," check the appropriate box(es) and fill in the information below. Please provide a detailed explanation of the crime on a separate piece of paper. Include police reports, court documents and letters of reference.

	<u>Date</u>	<u>State</u>	<u>County</u>		<u>Date</u>	<u>State</u>	<u>County</u>
<input type="checkbox"/> Murder	_____	_____	_____	<input type="checkbox"/> Robbery 1	_____	_____	_____
<input type="checkbox"/> Assault 1	_____	_____	_____	<input type="checkbox"/> Theft 1	_____	_____	_____
<input type="checkbox"/> Kidnapping	_____	_____	_____	<input type="checkbox"/> Arson 1	_____	_____	_____
<input type="checkbox"/> Sexual abuse	_____	_____	_____	<input type="checkbox"/> Theft by extortion	_____	_____	_____
<input type="checkbox"/> Rape, sodomy or unlawful sexual penetration	_____	_____	_____				

If you are under court supervision, list that individual's name and contact number: \_\_\_\_\_

**\*PLEASE NOTE: Providing incomplete or inaccurate information may delay or prevent approval of your license request. The CCB has the authority to do a criminal history check on all applicants.**

**RESPONSIBLE MANAGING INDIVIDUAL (RMI) AND REQUIRED PRE- LICENSE TRAINING AND TEST**

You may **skip** this section if you are a Residential Developer, Residential Locksmith Services Contractor, Home Inspector Services Contractor, Home Services Contractor or Home Energy Performance Score Contractor applicant. **All other residential endorsement type applicants must complete this section.**

Most licenses must have an RMI at all times, and may be an owner, officer, partner or employee of the business applying for the license. The RMI must manage or supervise the construction activities of the business by participating in (1) the administration of construction contracts; or (2) the administration of the day-to-day operations.

To qualify to be the RMI, the individual must:

- Complete the 16-hour pre-license training **and** pass the Oregon contractor exam, **OR**
- Pass the NASCLA national exam **and** pass the Oregon contractor exam **OR**
- Provide a previous or current license number that the owner, officer, member, or RMI has been actively associated with during the 24-months prior to the date of this application.

**RMI INFORMATION**

- 1) The business' RMI is \_\_\_\_\_ (Print full legal name.)
- 2) The RMI's identifying information: Driver's License number: \_\_\_\_\_ State issued in: \_\_\_\_\_
- 3) Date of Birth: \_\_\_\_\_ Last 4 digits of Social Security Number: \_\_\_\_\_
- 4) The RMI is an:  **Owner**  **Employee**
- 5) Attach a copy of the test site score report, *OR*, if the RMI meets the qualifying experience requirement, list the previous CCB license Number: \_\_\_\_\_
- 6) As the RMI, I certify that:
  - a) I have management or supervisory authority over the construction activities of the business; and
  - b) If this business incurs a construction debt that it does not pay, I understand that I may be prohibited from serving as an owner, officer, or RMI of another licensee until that construction debt is satisfied, paid, or discharged.

\_\_\_\_\_  
Signature of Responsible Managing Individual

\_\_\_\_\_  
Date

**INDEPENDENT CONTRACTOR CERTIFICATION**

**(Continued on next page)**

All Construction Contractors Board (CCB) applicants must certify that their business activities will be performed in compliance with Oregon's independent contractor law (ORS 670.600) by completing items 1-4 below:

**At all times while conducting business as a CCB licensee:**

	YES	NO	
1			The applicant will be free from a client's direction and control over the means and manner of providing the services. The applicant is subject only to the right of the client, for whom the services are provided, to specify the desired results of the work.
2			The applicant will be customarily engaged in an independently established business by <b>at least three</b> of the following criteria:

			<ul style="list-style-type: none"> <li>a. Maintaining a business location that is separate from the business or work location for whom the services are provided; or that is in a portion of the applicant's residence and that portion is used primarily for the business.</li> <li>b. Bearing the risk of loss related to the business or provision of services as shown by factors such as: entering into fixed-price contracts; a requirement to correct defective work; warranties the services provided or the applicant negotiates indemnification agreements or purchases liability insurance performance bonds or errors and omissions insurance.</li> <li>c. Providing contract services for two or more different persons within a 12 month period, or routinely engaging in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to provide similar services.</li> <li>d. Making significant investment in the business, through means such as: purchasing tools or equipment necessary to provide the services; paying for the premises or the facilities where the services are provided; or paying for the licenses, certificates or specialized training required to provide the services.</li> <li>e. Having the authority to hire other persons to provide or to assist in providing the services and has the authority to fire those persons. Contractors hiring employees must be licensed under the non-exempt class of independent contractor and carry proper workers' compensation insurance to protect subject workers.</li> </ul>
3			The applicant will maintain an active license with the CCB in accordance with ORS 701 while performing construction activities.
4			The applicant is responsible for obtaining other licenses or certificates necessary to provide the construction services.

**SIGNATURE (Continued on next page)**

- 1) To the best of my knowledge, the information on this application is complete, correct and accurate.
- 2) For as long as this license is in effect, the applicant will continue to carry the required liability insurance and surety bond.
- 3) Effective the date of this application, if the applicant hires employees, the applicant is required to comply with workers' compensation laws, and will maintain a workers' compensation insurance policy as long as the applicant is an employer.
- 4) If the Responsible Managing Individual (RMI) or qualifying individual leaves the business, the applicant will notify the CCB in writing immediately, **and** will provide CCB with a new RMI or qualifying individual's name.
- 5) The applicant will operate as an independent contractor per ORS 670.600.
- 6) The applicant understands that any and all information regarding their license may be shared with other government agencies.
- 7) The applicant must remain in compliance with the terms of this license. Failure to do so could result in a civil penalty of up to \$5,000 per offense and/or license suspension or revocation.
- 8) If this business incurs a construction debt that it does not pay, the individual(s) understands that they may be prohibited from serving as an owner, officer, or RMI of another license applicant until that construction debt is satisfied, paid, or discharged.
- 9) The applicant understands that signing below as an owner, partner, corporate officer, LLC member, trustee, or RMI of this application; he/she will be held liable for the licensee's compliance with all applicable statutes and rules.

**By signing below, I certify that I have read and understand the statements listed above.**

**PLEASE NOTE: All owners, officers, members AND the RMI or Qualifying Individual **MUST** sign, or licensing will be delayed.**

_____ Signature of RMI or Qualifying Individual, if applicable	_____ Printed name	_____ Date
_____ Signature of sole proprietor	_____ Printed name	_____ Date
_____ Signature of corporate officer/LLC member/partner/trustee	_____ Printed name	_____ Date
_____ Signature of corporate officer/LLC member/partner/trustee	_____ Printed name	_____ Date

\_\_\_\_\_  
Signature of corporate officer/LLC member/partner/trustee      Printed name      Date

\_\_\_\_\_  
Signature of corporate officer/LLC member/partner/trustee      Printed name      Date

*If necessary, attach an additional page to list additional partners, corporate officers, LLC members/managers, or trustees.*

**APPLICATION FEE**

By signing below, I understand that once the license has been issued, the \$325 application fee is non-refundable.

**SELECT A PAYMENT OPTION BELOW. CCB DOES NOT ACCEPT CASH.**

**Check or money order enclosed made payable to the *Construction Contractors Board***

**Debit card**      **Credit Card:**     Visa       MasterCard       Discover

I authorize the **\$325** application fee to be charged to my credit card.

Account #: \_\_\_\_\_ Expiration Date (Mo/Yr): \_\_\_\_\_

Print Name as Displayed on Card: \_\_\_\_\_

Credit Card Holder's Billing Address: \_\_\_\_\_  
(Street) (City, State, Zip)

Signature: \_\_\_\_\_

**Please allow 7-10 business days for processing.**

**Faxes cannot be accepted**

**SUBMIT COMPLETED APPLICATION, BOND AND INSURANCE TO:**

**MAIL:** PO BOX 14140, Salem, OR 97309-5052.

**IN-PERSON or OVERNIGHT MAIL:** 201 High St SE, Suite 600, Salem, OR 97301

Lobby hours are from 8 a.m. to 5 p.m. each business day, except for Tuesdays, which are from 9 a.m. to 5 p.m.

Please arrive before 4 p.m. to allow time for processing your application that day.

✓ **IMPORTANT: Incomplete applications or missing or incorrect documents will delay licensing.**

<u>FOR OFFICE USE ONLY</u>
AMOUNT PAID

## LICENSE ENDORSEMENTS

To use this application, you must select the residential endorsement that relates to the type of structure that you intend to construct or develop for construction. The law defines three types of structures:

TYPE OF STRUCTURE:	DESCRIPTIONS:	EXAMPLES:
<b>Residential Structure</b>	<ul style="list-style-type: none"> <li>• A site-built home</li> <li>• A structure that contains one or more dwelling units and is four stories or less above grade</li> <li>• A condominium, rental residential unit or other residential dwelling unit that is part of a larger structure, if the property interest in the unit is separate from the property interest in the larger structure</li> <li>• A modular home constructed off-site</li> <li>• A manufactured dwelling</li> <li>• A floating home</li> </ul>	<ul style="list-style-type: none"> <li>• Single-family residence</li> <li>• Apartment complex or condos 4 stories or less</li> <li>• Individual units in a high rise building</li> </ul> <p><b>Does not mean:</b></p> <ul style="list-style-type: none"> <li>• Motels/Hotels</li> <li>• Dormitories</li> <li>• Prisons/Jails</li> <li>• Summer camps</li> <li>• Row houses</li> </ul>
<b>Small Commercial Structure</b>	<ul style="list-style-type: none"> <li>• A nonresidential:</li> <li>• Structure of 10,000 square feet or less and not more than 20 feet high</li> <li>• Leasehold, rental unit or other unit that is part of a larger structure, if the unit has 12,000 square feet or less and is not more than 20 feet high</li> <li>• Structure of any size for which the entire contract price of all construction work to be performed on the structure does not total more than \$250,000</li> </ul>	<ul style="list-style-type: none"> <li>• 7-11 stores</li> <li>• Gas stations</li> <li>• Fast food restaurants</li> <li>• Tenant space in malls</li> <li>• Under \$250,000 construction projects</li> </ul>
<b>Large Commercial Structure</b>	Any structure that is not a residential structure or small commercial structure	<ul style="list-style-type: none"> <li>• Apartment Complex or Condos more than 4 stories</li> <li>• Hospitals</li> <li>• Parking Garages</li> <li>• Shopping Malls</li> <li>• Manufacturing Facilities</li> </ul>

## RESIDENTIAL CONTRACTOR ENDORSEMENTS

Endorsement Classifications	Scope of Work	Limitations	Bond and Insurance
<b>Residential General Contractor (RGC)</b>	These contractors may supervise, arrange for, or perform (partly or completely) an unlimited number of unrelated building trades involving any residential or small commercial structure or project.	Residential general contractors may perform the same work as residential specialty contractors.	\$20,000 Residential bond  \$500,000 per occurrence insurance
<b>Residential Specialty Contractor (RSC)</b>	These contractors perform work involving one or two unrelated building trades for residential or small commercial projects. Alternatively, these residential contractors may perform work on a single property involving three or more unrelated building trades if the contract for labor and materials is \$2,500 or less.	The building trades may change from job to job. Example: A residential specialty contractor may perform masonry & roofing work on one project & concrete work on another.	\$15,000 Residential bond  \$300,000 per occurrence insurance
<b>Residential Limited Contractor (RLC)</b>	These contractors may supervise, arrange, and/or perform (partly or completely) any unlimited number of unrelated building trades involving residential or small commercial structure or project if they certify that they meet all of the following: 1. Expects gross sales of less than \$40,000 from the construction business in the next year. 2. Does not contract to perform work that exceeds \$5,000. 3. The value of any work performed does not exceed \$5,000 per job site per year. 4. CCB may inspect the applicant's Oregon Department of Revenue tax records to verify any of the above. 5. Agrees that if gross construction business volume exceeds \$40,000 during the year, it will immediately notify the CCB, change its endorsement and increase its bond and insurance coverage, if required.	This is for part-time contractors who, for example, build for a hobby, for retirees, and for handyman services. There is no limit to the number of building trades that can be supervised, arranged or performed. "Gross" = the total amount paid for labor and supplies before expenses and taxes are deducted.	\$10,000 Residential bond  \$100,000 per occurrence insurance

<b>Residential Developer (RD)</b>	These contractors meet all of the following: 1. Owns the properties, or an interest in the properties, on which it arranges for construction work; 2. Arranges for construction work or improvement of residential or small commercial real property, with the intent to sell the property; 3. Acts in association with one or more licensed general contractors who have sole responsibility for overseeing all phases of construction activity on the property; and 4. Does not perform any construction work on the property.	This classification is for residential developers who arrange for the construction of structures, or development of property, that they intend to sell.	\$20,000 Residential bond  \$500,000 per occurrence insurance
<b>Home Services Contractor (HSC)</b>	Contractors with an HSC endorsement may operate a business offering service, repair or replacement under a home services (warranty) agreement ONLY.	HSC can perform no other contractor activities.	\$10,000 Residential bond  \$100,000 per occurrence insurance
<b>Residential Locksmith Services Contractor (RLSC)</b>	Contractors with an RLSC endorsement may operate a business offering locksmith services ONLY.	RLSC contractors can perform no other contractor activities.	\$10,000 Residential bond  \$100,000 per occurrence insurance
<b>Home Inspector Services Contractor (HISC)</b>	Contractors with an HISC endorsement may operate a business offering home inspection services ONLY.	HISC contractors can perform no other contractor activities.	\$10,000 Residential bond  \$100,000 per occurrence insurance
<b>Home Energy Performance Score Contractor (HEPSC)</b>	Contractors with an HEPSC endorsement may operate a business issuing home energy performance scores ONLY.	HEPSC contractors can perform no other contractor activities.	\$10,000 Residential bond  \$100,000 per occurrence insurance