



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



PERSONNEL CHANGE REQUEST FORM
For corporations and limited liability companies
(This form may not be used for partnerships or joint ventures)

NOTE: A copy of the corporate or LLC meeting minutes that support the change(s) below MUST be attached.

NAME AND LICENSE NUMBER

Name of business

CCB license number

REMOVE CORPORATE OFFICER(S) OR LLC MEMBER(S)

Full legal name

Title

Full legal name

Title

ADD CORPORATE OFFICER(S) OR LLC MEMBER(S) - Must complete entire section

Print full legal name

Title

D.O.B ____/____/____ Last 4 digits of SS# _____ Driver's License # _____

Is this person an immediate family member? YES If yes, what is the relationship to you? _____
 NO If no, you may have to change your independent contractor class to Nonexempt

Print full legal name

Title

D.O.B ____/____/____ Last 4 digits of SS# _____ Driver's License # _____

Is this person an immediate family member? YES If yes, what is the relationship to you? _____
 NO If no, you may have to change your independent contractor class to Nonexempt

CONSTRUCTION DEBT

Relating to construction activities, check all that apply to each person being added in this application, and provide copies of the court actions or final orders related to the action.

- A final judgment entered within five years preceding this application that remains unsatisfied against the person by a court in any state that requires the person to pay money to another person or to a public body.
- A final order issued within five years preceding this application that remains unsatisfied against the person by an administrative agency in any state that requires the person to pay money to another person or to a public body.
- A court action that is currently pending against the person in any state that alleges the person owes money to another person or to a public body.
- An action currently pending by an administrative agency in any state with an order seeking that the person pay money to another person or to a public body.
- None of the above are applicable to any person being added in this application.**

**Construction Contractors Board
PERSONNEL CHANGE REQUEST FORM
Page 2**

CRIMINAL BACKGROUND

Has any person being added 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.

SIGNATURES OF ADDED OFFICERS/MEMBERS

I understand that by signing below, I am being added to the CCB records as a corporate officer or LLC member of the license number listed above, and that I will be held liable as such, including but not limited to any unpaid construction debt that the licensee incurs.

In addition, I certify that the information provided in this application is complete and accurate.

Signature of corporate officer or LLC member being added (Required)

Date (Required)

Signature of corporate officer or LLC member being added (Required)

Date (Required)

SIGNATURE OF OWNER

I have attached a copy of the corporate or LLC minutes that support this change.

Printed name of current corporate officer or LLC member making this request

(_____)_____
Phone number

Signature of officer/member making this request (Required)

Date (Required)