



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



RESPONSIBLE MANAGING INDIVIDUAL (RMI) CHANGE REQUEST

NAME AND LICENSE NUMBER

Name of business CCB license number

REMOVE RESPONSIBLE MANAGING INDIVIDUAL (RMI)

Print full name of RMI _____

ADD RESPONSIBLE MANAGING INDIVIDUAL (RMI) (A license may have more than one RMI)

1. Print full legal name of new RMI _____

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

2. The RMI listed above is: An owner, partner, corporate officer, LLC member or trustee
 An employee or officer that is not a shareholder or is a minority shareholder

3. This RMI is the: Primary RMI Additional RMI

4. (A) TRAINING AND TESTING

The RMI completed the 16-hour training, and **passed the test within 24 months** of the date of this application.

Yes No If yes, please attach a copy of the test site score report. **OR**

The RMI completed the 16-hour training, passed the test and is the RMI of a license that is either currently active or has not lapsed for more than 24 months prior to the date of this application.

Yes No If yes, CCB License Number: _____

(B) EXPERIENCE. *The training and test are not required if:*

a. The RMI was listed on CCB's records as having been an owner or officer of a licensed construction contractor before July 1, 2000, and

b. The license of the contractor referred to above has not lapsed for more than 24 months since July 1, 2000, and

c. The RMI has been listed on CCB's records as having been an owner, officer, or RMI of a licensed contractor during the 24-month period before the date of the application for the new license.

Does the RMI meet the experience requirement?

Yes No If yes, CCB License Number: _____

CONSTRUCTION DEBT (MUST check at least one box)

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 the individual being added in this application.**

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RMI CHANGE REQUEST FORM
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CRIMINAL BACKGROUND

Has the individual 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.

RMI SIGNATURE

As an RMI, I certify that: (1) I have management or supervisory authority over the construction activities of the business; and (2) 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 license applicant unless that construction debt is satisfied, paid, or discharged.

In addition, I certify that the above information is complete and accurate.

 Signature of RMI (required)

 Date (required)

SIGNATURE OF OWNER

 Print name of sole proprietor/ partner/ LLC member/ corporate officer making request

(_____)_____
 Phone number

 Signature of person making request (Required)

 Date (required)