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

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

REQUESTOR'S INFORMATION

Date: _____ Phone/Fax numbers:_____

Name: _____ E-mail: _____

Address: _____

RELATED PROGRAM

Indicate the CCB program related to the information that you are requesting (if known):

☐ Licensing ☐ Dispute Resolution Services ☐ Enforcement
☐ Education ☐ All agency ☐ Other: _____

DESCRIPTION OF RECORDS

_____ ☐ Entire File ☐ Specific documents _____
License/file no. (if known) _____

_____ ☐ Entire File ☐ Specific documents _____
License/file no. (if known) _____

_____ ☐ Entire File ☐ Specific documents _____
License/file no. (if known) _____

Attach additional list of records, if necessary.

COPIES OF RECORDS or CERTIFICATION OF LICENSE HISTORY

I wish to receive copies of the requested records (costs for copies will vary based on quantity):

☐ As ordinary copies ☐ As certified records ☐ Certification of Licensing History $20 ea.

PAYMENT – Credit card only customers may fax this form to 503-373-2155.

FOR LICENSING RECORDS ONLY, WITH PRIOR AUTHORIZATION

I am including payment in the amount of $_____. Make checks payable to *Construction Contractors Board*.

If paying by credit card: ☐ Visa ☐ MasterCard ☐ Discover

Account # _____ Expiration Date (Mo/Yr)_____

Print Name as Displayed on Card _____

Credit Card Holder's Address _____

Signature_____

QUESTIONS?

Call: 503-934-2211