

CONSTRUCTION CONTRACTORS BOARD (CCB)  
PO BOX 14140, SALEM OR 97309-5052  
Phone 503-378-4621  
Fax 503-373-2007

***E-PROOF***  
**ACCESS APPLICATION FOR AGENT  
ONLINE INSURANCE ENTRY**

Instructions: In order to be granted access to E-Proof, CCB's online insurance entry program, insurance agents must fill out this form completely and mail or fax it to CCB. **All** requested information must be provided.

**Agent's Information**

\_\_\_\_\_  
Agent's Name (First, Middle, Last)

\_\_\_\_\_  
Agent's License No.

\_\_\_\_\_  
Agent's Address

\_\_\_\_\_  
City, State, Zip Code

(\_\_\_\_) \_\_\_\_\_  
Agent's Phone Number

(\_\_\_\_) \_\_\_\_\_  
Agent's Fax Number

\_\_\_\_\_  
Agent's E-mail Address

\_\_\_\_\_  
Requested User Name

\_\_\_\_\_  
Requested Password

**Agent's Certification Statement**

1. I certify under penalties of perjury that the information provided is complete and correct.
2. I understand that the CCB has the right to deny this application, with no reason given.
3. I understand that if accepted, the password assigned by the CCB is for my use only and I further certify that I will not provide my password to anyone.
4. I understand that the CCB has the right to revoke my access at any time without prior notification.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

**Agency Information**

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency License No.

\_\_\_\_\_  
Agency Owner's Name

\_\_\_\_\_  
Agency Address

\_\_\_\_\_  
City, State, Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Agency Phone Number

(\_\_\_\_\_) \_\_\_\_\_  
Agency Fax Number

\_\_\_\_\_  
Agency E-mail Address

**Agency's Certification Statement**

1. I certify under penalties of perjury that the information provided above is correct.
2. I certify that the agent listed on the reverse side has the authority to provide the CCB with evidence of general liability insurance on behalf of my agency.
3. I agree that I will immediately provide written notification to the CCB if the agent is no longer in my employment or is no longer authorized to provide evidence of insurance on behalf of my agency.

\_\_\_\_\_  
Signature of Agency Owner

\_\_\_\_\_  
Date