



## Oregon Landscape Contractors Board

2111 Front St NE; Ste 2-101

Salem, OR 97301

503-967-6291

503-967-6298 fax

### LANDSCAPE CONTRACTING BUSINESS INACTIVE LICENSE STATUS REQUEST FORM

**There is a \$50 fee to change a license from active to inactive status at any time other than renewal.**

I am requesting the Landscape Contractors Board (LCB) place my landscape contracting business license on inactive status per Chapter 609, 2005 Oregon Laws. I understand that I must abide by the following:

1. I understand the business remains subject to LCB jurisdiction;
2. I understand the business may not offer to undertake, advertise for, submit a bid for, obtain a permit for, or perform landscaping work while the license is inactive;
3. I understand I must notify the LCB of a change of address within 10 days of the change (\$200 fine for not doing so);
4. I understand the license fee must be received on or before the expiration date of this license;
5. In the event that the business wishes to reapply for an active license to perform landscape contracting work, I understand I will be required to meet all requirements of ORS Chapter 671 and OAR Chapter 808 and make such request in writing to the LCB;
6. I understand this inactive status request is only effective upon acceptance by the LCB; and
7. I understand that if the license was subject to discipline or probation by the LCB, I must satisfy any conditions imposed by the LCB as a result of the discipline or probation.

I understand and agree to abide by the above requirements. Please place my landscape contracting business license on inactive status.

\_\_\_\_\_  
Signature of Owner or Corporate Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Owner or Corporate Officer

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
License Number (4-digits)

### PAYMENT INFORMATION

You may send a check for \$50 when you mail this form or submit a credit card payment.

Visa     MasterCard    Amt. of Payment   \$50  

Account # \_\_\_\_\_ CVC# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Name on Card \_\_\_\_\_

**You may fax, email or mail this form to:**

**LCB • 2111 Front St. NE; Suite 2-101 • Salem, OR 97301**

**Fax 503-967-6298 • [LCBinfo@lcb.state.or.us](mailto:LCBinfo@lcb.state.or.us)**