



Oregon Landscape Contractors Board

2111 Front St NE; Ste 2-101

Salem, OR 97301

503-967-6291

503-967-6298 fax

CHANGE OF ADDRESS

Please change the address for the following license(s):

Landscape Construction Professional License # _____ (5 digit)

Business License # _____ (4 digit)

Name _____

Business Name _____

New Mailing Address _____

New Physical Address _____

Phone number _____

Email Address _____

ORS 671.600 & ORS 671.603 require all licensees to notify the State Landscape Contractors Board within 10 days of any address changes while licensed and for a period of one year after a license expires.

Signature: _____

Licensee/Owner/Member/Officer

Date: ____/____/____

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