CONSTRUCTION CONTRACTORS BOARD
P.O. Box 14140 Salem OR, 97309-5052
Phone (503) 378-4621 | Fax (503) 373-2155
www.oregon.gov/CCB

ENDORSEMENT CHANGE FORM

FEE: $ 20.00

NAME AND LICENSE NUMBER

_____   _____

Business Entity Name   CCB License Number

REMOVE ENDORSEMENT

REMOVE current endorsement from my CCB record:

☐ Residential Endorsement   and/or   ☐ Commercial Endorsement

ADD ENDORSEMENT

ADD the following endorsement(s) to my CCB record.

- Select the appropriate endorsement for either Residential, Commercial, or Dual Endorsement,
- Review the Endorsement Chart for all endorsement type definitions, criteria, and bond/insurance requirements, and
- If applying for DUAL Endorsement, select the appropriate endorsement for BOTH.

<u>Residential Endorsement</u> – You may only select ONE.

☐ Residential General Contractor (RGC) includes small commercial   ☐ Residential Specialty Contractor (RSC) includes small commercial

☐ Residential Limited Contractor (RLC) includes small commercial   ☐ Residential Developer (RD)

☐ Home Services Contractor (HSC)   ☐ Residential Restoration Contractor (RRC)

☐ Home Inspector Services Contractor (HISC)
Oregon Home Inspector Certification (OCHI) holder name _____ #_____

☐ Home Energy Performance Score Contractor (HEPSC)
Oregon Home Energy Assessor (Dept of Energy) Certification holder name _____

☐ Residential Locksmith Services Contractor (RLSC)
Oregon Locksmith Certification holder name _____ #_____

<u>Commercial Endorsement</u> – You may only select ONE.

☐ Commercial General Contractor Level 1   ☐ Commercial General Contractor Level 2

☐ Commercial Specialty Contractor Level 1   ☐ Commercial Specialty Contractor Level 2

☐ Commercial Developer

IF ADDING A COMMERCIAL ENDORSEMENT – Not required for Residential endorsement

CERTIFICATION OF EXPERIENCE

☐   The licensee is selecting a Level 1 commercial classification and has 8 years of experience.

☐   The licensee is selecting a Level 2 commercial classification and has 4 years of experience.

KEY EMPLOYEE(S)

How many key employees do you have? _____

Key Employee(s) must have:

1. Experience gained as a licensed contractor, journeyman, foreperson, supervisor or as any other employee engaged in construction work for a licensed contractor.

2. The following may substitute for up to a maximum of three (3) years of experience:
    - Completion of an apprenticeship program,
    - A bachelor's degree in a construction related field,
    - A bachelor's degree or master's degree in business, finance, or economics, or
    - An associate degree in construction or building management.

WORKERS COMPENSATION

The licensee has an exempt independent contractor status (no employees) and is required by Oregon law to carry a workers compensation insurance policy that includes Personal Election coverage for the owners of the business.

_____   _____

Carrier Name   Policy Number

SIGNATURE

_____

Print Name *(must be signed by sole proprietor, partner, LLC member, trustee, or corporate officer)*

Signature *(Required)* _____   Date _____

PAYMENT INFORMATION

For your protection, **EMAIL SUBMISSIONS WILL NOT BE ACCEPTED**. By signing below, I understand that once the fee has been paid it is non-refundable.

You may submit payment using **ONE** of the following options *(please select only one)*:

Payment by Debit or Credit Card

***VISA, MASTERCARD, or DISCOVER* <u>ONLY</u>** *for credit card payments.*

I authorize the amount of **$20.00** Endorsement Change fee to be charged to my card.

☐ VISA   ☐ MASTERCARD   ☐ DISCOVER

_____   _____   _____
Card Number   Expiration Date (MM/YY)   CVV (3-digit Code)

_____
Name as it appears on the card

_____
Card Holder's Billing Address

_____   _____   _____
City   State   Zip Code

_____   _____
Card Holder's Email   Card Holder's Phone Number

_____
Authorized Signature REQUIRED

Secure Fax (only if paying by debit or credit card)

You may fax the completed form & payment to the office using our secure fax at (503) 373-2155.

Payment by Check

Check or Money Order can be made payable to the Oregon Construction Board or Oregon CCB. Mail the completed form and check/money order to the Board office at:

<u>Regular Mail:</u>
P.O. BOX 14140
Salem, OR 97309-5052

<u>Priority Mail:</u>
201 High St SE, Ste. 600
Salem, OR 97301

Questions?? Please contact the CCB at (503) 378-4621

Please allow 2-3 weeks for processing

IMPORTANT: Incomplete information or payment will delay the processing time. Verify the information provided is complete and accurate prior to submitting.

FOR OFFICE USE ONLY
AMOUNT PAID
APPROVAL CODE