



**LIMITED LIABILITY PARTNERSHIP (LLP) or
LIMITED PARTNERSHIP (LP)**

**FLAGGING CONTRACTOR LICENSE
APPLICATION**

Office location:

201 High St SE, Suite 600
Salem, OR 97301

Mailing address:

PO Box 14140
Salem, OR 97309-5052

Secure Fax:

(503) 373-2155

Board website:

www.oregon.gov/ccb

Questions?

Email ccb.info@ccb.oregon.gov or call (503) 378-4621

CONSTRUCTION CONTRACTORS BOARD (CCB) FLAGGING CONTRACTOR LICENSE APPLICATION INSTRUCTIONS

READ INSTRUCTIONS CAREFULLY

You must submit the following documents as one complete packet to the CCB for licensure:

- Application Form** (4-11)
- Payment Information** (page 13)
- [Construction Flagging Contractor Surety Bond](#)**. Do not submit separately.
 - LP:** Must include the exact name of **all** general partner(s), limited partners, and ABN(s) as filed with the Secretary of State's Corporation Division. The Limited Partnership and any ABN must match the SOS website.
 - LLP:** Must include the exact name of **all** partners and limited liability partnership as filed with the Secretary of State's Corporation Division. The Limited Liability Partnership and any ABN must match the SOS website.
 - ABN's do not need to be listed
- Certificate of [Liability Insurance](#)**. Do not submit separately.
 - LP:** Must include the exact name of **all** general partner(s), limited partnership, and ABN(s) as filed with the Secretary of State's Corporation Division. An individual's full legal name or entity name must match the [SOS website](#).
 - Limited Partners do not need to be listed
 - LLP:** Must include the exact name of **all** partners and limited liability partnership as filed with the Secretary of State's Corporation Division. An individual's full legal name or entity name must match the [SOS website](#).
 - ABN's do not need to be listed
- Organization Chart** – Required only if an entity is a partner. This chart must clearly identify each association for each owner/member/officer/partner and include their full legal name, date of birth, social security number, and driver's license information for **all** individuals.
- Social Security Number / Disclosure for Foreign Applicants** (page 12). Per [OAR 812-003-0260](#), all associated partners are required to provide their social security number. Each partner that does not have a social security number must sign this section.

PARTNERS

LP: Must designate a General Partner(s) and any Limited Partner(s), if applicable.

LLP: Do not have General or Limited Partners.

ASSUMED BUSINESS NAME(S)

An Assumed Business Name (ABN) is a business name that must be registered with the State of [Oregon Secretary of State \(SOS\) Corporation Division](#) as an assumed business name. All assumed business names must be registered at the Oregon SOS. Contact the [Oregon SOS](#) to register your business name(s).

WORKERS COMPENSATION

- If you are Non-exempt (have employees) you must provide the name and policy number of your Workers Compensation carrier.
- If you selected a commercial endorsement without employees, you must provide, on the application form, Personal Election Workers Compensation coverage.
- All Exempt classes (no employees) must complete the Exempt Workers Compensation Status Declaration section of this application.

For more information about workers compensation, talk to an insurance agent or visit the [Oregon Workers Compensation Division](#) website. To learn more about who is exempt and non-exempt look [here](#).

CRIMINAL BACKGROUND

Providing incomplete or inaccurate information may delay or prevent approval of your license request. The CCB has the authority to do a criminal history check on all applicants and any personal information provided may be used for that purpose.

SOCIAL SECURITY NUMBER / DISCLOSURE FOR FOREIGN APPLICANTS

This section is required for all applicants. You will either sign attesting to the accuracy of your social security number, or you will sign and declare that you have never had a social security number issued to you by the United States Social Security Administration in the no social security section of this application.

METHOD OF PAYMENT

The application fee is \$325 and is non-refundable. This fee covers administrative costs for processing your application.

The Board accepts debit and credit card payments, check, and money order. Credit card payments may be made using VISA, MasterCard, or Discover and sent via our secure fax at (503) 373-2155. Check payments may be mailed to the Board office and made payable to the Oregon Construction Contractors Board.

DO NOT EMAIL YOUR APPLICATION OR PAYMENT TO THE BOARD

MISREPRESENTATION IN THIS APPLICATION IS CAUSE FOR DENIAL OF LICENSE

APPLICATIONS ARE NOT PROCESSED IN-PERSON

Flagging Contractor License Application For Limited Liability Partnership (LLP) or Limited Partnership (LP)

License No. _____
 ENF RBO CBO SOS
 Cross Ref _____
 Test _____ **CCB USE ONLY**



FEE: \$ 325.00

Important: Read the application instructions carefully before completing this form. Complete all required areas of the application and attach additional document(s) as necessary. Personal information provided on this application will be used to conduct background checks. **Incomplete applications cannot be processed.**

1 BUSINESS ENTITY INFORMATION – The owner must be 18 years or older

LLP/LP Business **Name** (exactly as filed with SOS Corporation Division) _____ OR Corporate Registry # _____

Business **Email** Address _____ Business **Phone** Number _____

LLP/LP **Mailing** Address _____ The mailing and physical address are the same: YES NO

City _____ State _____ Zip Code _____ County _____

LLP/LP **Physical** Address _____ City _____ State _____ Zip _____

2 OWNERSHIP INFORMATION

A) Limited Partnership (LP)

General Partner FULL First Name _____ FULL Middle Name _____ FULL Last Name _____

Date of Birth (MM/DD/YYYY) _____ Social Security Number _____ Driver's License # _____ Issuing State _____

B) Limited Partnership (LP)

Limited Partner FULL First Name _____ FULL Middle Name _____ FULL Last Name _____

Date of Birth (MM/DD/YYYY) _____ Social Security Number _____ Driver's License # _____ Issuing State _____

Limited Partner FULL First Name _____ FULL Middle Name _____ FULL Last Name _____

Date of Birth (MM/DD/YYYY) _____ Social Security Number _____ Driver's License # _____ Issuing State _____

...section continues the next page

C) Limited Liability Partnership (LLP)

Partner FULL First Name FULL Middle Name FULL Last Name

 Date of Birth (MM/DD/YYYY) Social Security Number Driver's License # Issuing State

Partner FULL First Name FULL Middle Name FULL Last Name

 Date of Birth (MM/DD/YYYY) Social Security Number Driver's License # Issuing State

Partner FULL First Name FULL Middle Name FULL Last Name

 Date of Birth (MM/DD/YYYY) Social Security Number Driver's License # Issuing State

Partner FULL First Name FULL Middle Name FULL Last Name

 Date of Birth (MM/DD/YYYY) Social Security Number Driver's License # Issuing State

**You must complete the above information for all partners per OAR 701-046. If necessary, attach an additional page to list all officers or members.*

**If a member is another entity, please include a complete organizational structure chart with the information requested above.*

3 FAMILY RELATIONSHIP IDENTIFICATION

If you have three or more partners, including general and limited, and they are all part of the same family, please list their full legal name(s) below:

Self _____ Spouse _____

Son(s) _____ Daughter(s) _____

Son(s)-in-law _____ Daughter(s)-in-law _____

Brother(s) _____ Sister(s) _____

Parents _____ Grandchildren _____

**If this is an all-family partnership the business may be exempt from workers compensation insurance. However, if the family relationship is not listed above (cousins, aunts, uncles, etc.) then your business is nonexempt, and workers' compensation must be provided.*

4 BUSINESS NAME & ASSUMED BUSINESS NAME(S) – If applicable

An Assumed Business Name (ABN) is a business name that must be registered with the State of [Oregon Secretary of State \(SOS\) Corporation Division](#) as an assumed business name. All assumed business names must be registered at the Oregon SOS.

Assumed Business Name (*if applicable*) ABN Registry Number

Assumed Business Name (*if applicable*) ABN Registry Number

5 EMPLOYER ACCOUNT INFORMATION – If you have employees

Oregon Business Identification Number (BIN): _____

- Required if the business has employees
- It is not the Social Security Number of the Business Registry Number
- For more information contact the [Oregon Department of Revenue](#) (DOR)

Federal Employer Identification Number (EIN): _____

- Required if the business has employees
- It is not the Social Security Number or the Business Registry Number
- For more information contact the [Internal Revenue Service](#) (IRS)

6 WORKERS COMPENSATION

Exempt = No employees Non-exempt = Yes employees

1. Do you have Employees? YES NO*
 - If using leased employees from a leasing company, check "YES"

2. Do you have three or more officers, members or trustees who are not all immediate members of the same family? YES NO*

If you answered "YES", you must provide **Workers Compensation** Insurance:

Workers Compensation Policy Carrier

Policy Number

**If you answered "NO" to all questions, you must complete the Exempt Declaration section below.*

7 EXEMPT WORKERS COMPENSATION STATUS DECLARATION*

**Required ONLY for Exempt Independent Contractor Class*

The license applicant below has filed their CCB license application as an exempt independent contractor class, meaning it will not hire employees. If the applicant decides to hire employees, the applicant understands that Oregon law requires it to:

1. Comply with workers compensation laws and maintain a workers compensation insurance policy as long as the application is an employer.
2. Provide the Carrier name and policy number
3. Notify the CCB of the change to its workers compensation status to nonexempt **before** hiring employees by submitting a [Change My Workers Compensation Status](#) form, or changing its status in their [Online Services Account](#). There is no fee to make this change.

By signing this document, the applicant certifies that it will change their workers compensation status to nonexempt with the CCB **before** hiring any employees. It will also provide the name of its workers compensation policy carrier and policy number.

ORS 701.035(3) states: (3) If a person who is licensed as exempt under subsection (2)(b) of this section hires one or more employees, utilizes one or more workers supplied by a worker leasing company or falls into any of the categories set out in subsection (2)(a)(B) of this section, the person is subject to penalties under ORS 701.992 (Civil penalties and other sanctions) for improper licensing. If a person who is licensed as exempt under subsection (2)(b) of this section hires one or more employees, or utilizes one or more workers supplied by a worker leasing company, the person is also subject to licensing sanctions under ORS 701.098 (Grounds for discipline). The person must reapply to the Board in the correct class.

Business Entity or Applicant Name

Signature **REQUIRED if exempt**

Date

10 INDEPENDENT CONTRACTOR CERTIFICATION

All applicants must certify that their business activities will be performed in compliance with Oregon's independent contractor law (ORS 670.600).

At all times while conducting business as a CCB Licensee:

1. The applicant will be free from a client's direction and control over the means and manner of providing the services. The applicant is subject only to the right of the client, for whom the services are provided, to specify the desired results of the work.
2. The applicant will be customarily engaged in an independently established business by at least three of the following criteria:
 - a) Maintaining a business location that is separate from the business or work location for whom the services are provided; or that is in portion of the applicant's residence and that portion is used primarily for the business.
 - b) Bearing the risk of loss related to the business or provision of services as shown by factors such as: entering into fixed-price contracts; a requirement to correct defective work; warranties the services provided or the applicant negotiates indemnification agreements or purchases liability insurance performance bonds or errors and omissions insurance.
 - c) Providing contract services for two or more different persons within a 12 months period, or routinely engaging in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to provide similar services.
 - d) Making significant investment in the business, through means such as: purchasing tools or equipment necessary to provide the services; paying for the premises or the facilities where the services are provided; or paying for the licenses, certificates or specialized training required to provide the services.
 - e) Having the authority to hire other persons to provide or to assist in providing the services and has the authority to fire those persons. Contractors hiring employees must be licensed under the non-exempt class of independent contractor and carry proper workers compensation insurance to protect subject workers.
3. The applicant will maintain an active license with the CCB in accordance with ORS 701 while performing construction activities.
4. The applicant is responsible for obtaining other licenses or certifications necessary to provide the construction services.

YES, I certify to all the above items.

11 CERTIFICATION & SIGNATURE(S)

- I certify to the truth and accuracy of all statements, answers and representations made in the foregoing application, including all supplementary statements. I further acknowledge that knowingly supplying false information on the application is a Class A Misdemeanor punishable by law.
- For as long as this license is in effect, the applicant will continue to carry the required liability insurance and surety bond.
- Effective the date of this application, if the applicant hires employees, the applicant is required to comply with workers compensation laws and will maintain a workers compensation insurance policy as long as the applicant is an employer.
- If the Responsible Managing Individual (RMI) or qualifying individual leaves the business, the applicant will notify the CCB in writing immediately and will provide CCB with a new RMI or qualifying individual’s name using the [RMI Change form](#).
- The applicant will operate as an independent contractor per ORS 670.600.
- The applicant understands that any and all information regarding their license may be shared with other government agencies.
- The applicant must remain in compliance with the terms of this license. Failure to do so could result in a civil penalty of up to \$5,000 per offense and/or license suspension or revocation.
- If this business incurs a construction debt that it does not pay, the individual(s) understands that they may be prohibited from serving as an owner, officer, or RMI of another license applicant until that construction debt is satisfied, paid, or discharged.
- The applicant understands that signing below as an owner, partner, corporate officer, LLC member, trustee, or RMI of this application; he/she will be held liable for the licensee’s compliance with all applicable statutes and rules.
- Any personal identifying information may be used to conduct background screenings on all applicants.

By signing below, I certify that I have read and understand the statements listed above.

_____	_____	_____
Signature of General Partner	Printed Name	Date
_____	_____	_____
Signature of Partner	Printed Name	Date
_____	_____	_____
Signature of Partner	Printed Name	Date
_____	_____	_____
Signature of Partner	Printed Name	Date

NOTE: ALL partners must sign the application
If necessary, you may attach an additional page to list additional partners.

12 SOCIAL SECURITY NUMBER / DISCLOSURE FOR FOREIGN APPLICANTS

If you were issued a Social Security Number by the United States Social Security Administration, you may skip this section.

Declaration of Social Security Number

As part of your application for an initial license and certifications, issued by the Oregon Construction Contractors Board, you are required to provide your Social Security Number to this agency. The authority for this requirement is Oregon Revised Statute (ORS) 25.785, ORS 701.046, and 42 USC § 666(a)(13) (Federal Law).

Failure to provide your Social Security Number will be a basis to deny the certificate or license you seek. Your Social Security Number may be shared with other authorities only for tax administration, debt collection, and child support enforcement purposes.

By signing this application, each partner acknowledges the disclosure of their Social Security Number and its use by the Construction Contractor Board for the purposes stated above.

If you were issued a Social Security Number by the United States Social Security Administration, you may skip this section.

Disclosure of NO Social Security Number

As part of your application for license or certifications, issued by the Oregon Construction Contractors Board, you are required to provide your Social Security Number to this agency if such a number has ever been issued to you. **If a partner has not been issued a social security number then an alternative form must be signed pursuant to ORS 25.785.**

Your signature(s) below serves as your declaration that you **have not been issued a Social Security Number** by the United States Social Security Administration.

Partner's Full Legal Name

Signature to declare NO ISSUANCE OF SSN

Date

Partner's Full Legal Name

Signature to declare NO ISSUANCE OF SSN

Date

PAYMENT INFORMATION

A complete application must be submitted at the time of payment. Please read the application instructions carefully prior to submitting the application and payment to the Board's office. For your protection, **EMAIL SUBMISSIONS WILL NOT BE ACCEPTED.**

By signing below, I understand that once the application fee has been paid it is non-refundable. You may submit payment and your application using ONE of the following options (*please select only one*):

Payment by Debit or Credit Card

VISA, MASTERCARD, or DISCOVER ONLY for credit card payments.

I authorize the amount of **\$325** license application 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 your 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 Contractors Board" or "Oregon CCB". Mail the check/money order to the Board office at:

Regular Mail:

P.O. BOX 14140

Salem, OR 97309-5052

Priority Mail:

201 High St SE, Ste. 600

Salem, OR 97301

Questions?? If you need assistance, please contact the CCB at (503) 378-4621.

Applications are not processed in-person. Please allow 3-4 weeks for processing.

IMPORTANT: Incomplete applications or missing documentation will delay the licensing process. Verify the information provided is complete and accurate prior to submitting.

FOR OFFICE USE ONLY

AMOUNT PAID

APPROVAL CODE