

# LEAD INSPECTION OR ABATEMENT LICENSE APPLICATION

#### Office location:

201 High St SE, Suite 600 Salem, OR 97301

#### Mailing address:

P.O. 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) LICENSE APPLICATION INSTRUCTIONS

You must have a current, active CCB license to apply.

Submit the fo	llowing documents as <u>one complete packet</u> to the CCB for licensure:
	Application Form (pages 3)
	Payment Information (page 4)
	<b>Lead Supervisor:</b> A copy of the Business Public Health Division Certification issued by the Oregon Health Authority.
	<b>Lead Inspector or Risk Assessor</b> : A copy of the Business Public Health Division Certification issued by the Oregon Health Authority <b>AND</b> a copy of both sides of the Photo ID Badge issued by
	the Oregon Health Authority.

#### METHOD OF PAYMENT

The application fee is \$50 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

## License Application for Lead Inspection or Abatement Contractors License

License No.	
	CCB USE ONLY



FEE: \$50

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

Full Legal Name (Sole Proprie	tor, Partnership(s), Co	prporation, or LLC)	CCB Licer	nse Number	
			The mailing and p	hysical address	
Business <b>Mailing</b> Address				YES NO	
City	State	Zip Code	County		
Business <b>Physical</b> Address		City	State	Zip	
Email Address			 Phone Number		
2 LEAD SUPERVISOR	ABATEMENT LIC	ENSF)			
Full Legal Name of Lead Insp	ector or Lead Risk A				
☐ Owner	☐ Employee CCB Lead License Number <u>915-</u>				
	(Attach separa	ate sheet for additional r	names)		
3 LEAD INSPECTOR/R	ISK ASSESSOR (IN	SPECTION LICENSE)			
Full Legal Name of Lead Insp	ector or Lead Risk A	Assessor			
☐ Owner	☐ Employee	CCB Lead	CCB Lead License Number <u>915-</u>		
_	(Attach separa	ate sheet for additional r	names)		
4 SIGNATURES					
By signing below, I certify th rules adopted pursuant ther is complete and accurate to	eto. I also certify th	nat the information and			
Signature (Sole Proprietor, P	artner, Corporate O	fficer or Member)	 Date		
			 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 \$50.00 license application fee to be charged to my card.								
☐ VISA ☐ MASTER	CARD	DISCOVER						
Card Number	Expirati	on Date (MM/YY)	CVV (3-digit Code)					
Name as it appears on the card								
Card Holder's Billing Address								
City	State	Zip Cod	de					
Card Holder's Email	Cai	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 secur	e fax at (503)	) 373-2155.						
Payment by Check								
Check or Money Order can be made payable to the "Ore	egon Constru	ction Contractors Bo	oard" or "Oregon CCB'					
Mail the check/money order to the Board office at:  Regular Mail:	Priority 1	Mail·						
		—— h St SE, Ste. 600						
Salem, OR 97309-5052	Salem, C	OR 97301						
Questions?? If you need assistance, please contact the G	CCB at (503)	FOR OFFIC	E USE ONLY					
378-4621.		AMOU	NT PAID					
Applications are not processed in-person. Please allow for processing.	v 3-4 weeks							
IMPORTANT: Incomplete applications or missing doc will delay the licensing process. Verify the information complete and accurate prior to submitting.		APPROV	'AL CODE					