

CONSTRUCTION CONTRACTORS BOARD

P.O. Box 14140 Salem, OR 97309-5052 Fax (503) 373-2155 | www.oregon.gov/ccb



REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Name:	Date:
E-mail:	Phone Number:
Mailing Address:	
City:	State: Zip:
I am an attorney, representing the following party related to this request:	
CCB License # / File Name:	CCB License # / Enforcement #:
Entire File or	Entire File or
Specific document(s):	Specific document(s):
CCB License # / File Name:	CCB License # / Enforcement #:
Entire File or	Entire File or
Specific document(s):	Specific document(s):
Education or Other	Dispute Resolution Services
CCB License # / File Name:	CCB License # / Dispute #:
Entire File or	Entire File or
Specific document(s):	Specific document(s):
CCB License # / File Name:	CCB License # / Dispute #:
Entire File or	Entire File or
Specific document(s):	Specific document(s):
Attach additional list of lic	cense numbers/file names, if necessary.
Certification of Licensing History: This letter do license record. \$20 fee, per license, will be charge	ocuments the historical information and current status of a d.
CCB License #:	CCB License #:
	d "Letter of Good Standing" for another State Board, check the box above ide the Oregon CCB with a form used by the other State Board.
RECEIPT OF INFORMATION	
I wish to receive copies of the following requested reco	ords: As ordinary copies* *cost will vary based on page count As certified records** **\$20 fee per license
	to CCB.Public.Records@ccb.oregon.gov or by fax at (503) 373-215 therwise requested. Please do not send duplicate requests.