

CONSTRUCTION CONTRACTORS BOARD

PO Box 14140 Salem OR, 97309-5052 Phone (503) 378-4621 | Fax (503) 373-2155 www.oregon.gov/ccb



TEMPORARY RESPONSIBLE MANAGING INDIVIDUAL (RMI) REQUEST

NOTE: This is a temporary change only. Once your RMI has completed the pre-licensing training and has tested you must submit the RMI Change Form.

NAME AND LICENSE NUMBER	R		
Name of business	CCB license	CCB license number	
REMOVE EXISTING RESPONS	IBLE MANAGING INDIVID	OUAL (RMI)	
Print full name of RMI being rem	oved		
ADD TEMPORARY RESPONSI	BLE MANAGING INDIVID	UAL (RMI)	
 Print full legal name of r 	iew temporary Kivii		
Full legal first name	Full legal middle name	e Full legal last name	
/			
Date of birth (MM/DD/YYYY)	Last 4 digits of SS#	Driver's License #	State issued
2. The RMI listed above is:	: □ An owner, partner, cor	porate officer, LLC memb	per or trustee
☐ An employee or officer that is not a shareholder or is a			
	minority shareholder		
TEMPORARY RMI SIGNATURE			
As a temporary RMI, I certify that construction activities of the busing pay I understand that I may be plicensee until that debt is satisfied maximum of 14 days, or until a contract the shorter period of time.	iness; (2) If this business in prohibited from serving as a ed, paid or discharged; and,	ncurs a construction debt n owner, officer or RMI of (3) This designation is or	that it does not f another nly valid for a
In addition, I certify that the above information is complete and accurate.			
Signature of Temporary RMI Re	quired	Date	
SIGNATURE OF OWNER			
Name (sole proprietor/partner/LLC	member/corporate officer ma	king request) Phone number	er e
Signature of person making request <i>Required</i>		 Date	