



CONSTRUCTION CONTRACTORS BOARD

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WORKERS COMPENSATION - STATUS CHANGE

Notification of Changed Contractor License Status per ORS 701.035 and OAR 812-003-0321

NAME AND LICENSE NUMBER

Name (*Print name of licensee*)

CCB License Number

CHANGE STATUS TO:

I would like to change my class to: Exempt (no employees)

Are you a commercial contractor?

NO

YES - **Personal Election Insurance - REQUIRED**

Insurance Company name (not agent name) _____

Policy number _____

I would like to change my class to: Nonexempt (have employees or are using leased employees) **Workers Compensation insurance – REQUIRED**

Insurance Company name (not agent name) _____

Policy number _____

For leased employees: You may use the leasing company's workers compensation information.

SIGNATURE

Printed Name
(*Print name of sole proprietor, partner, LLC member or corporate officer*)

(_____)_____
Phone number

Signature (**Required**)

Date (**Required**)