



HOME ENERGY ASSESSOR (HEA) CERTIFICATION 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) LICENSE APPLICATION INSTRUCTIONS

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

- Application Form (pages 3)
- Payment Information (page 4)
- Approved Home Energy Assessor Training Certification Form signed by the Oregon Department of Energy.

METHOD OF PAYMENT

The application fee is \$200 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

Certification Application for Home Energy Assessor (HEA)



FEE: **\$ 200** (\$100 application, \$100 certification issuance)

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

<u>CCB USE ONLY</u>
HEA No. _____
Eff date: _____

1 APPLICANT INFORMATION

Full Legal Name of Individual who completed the approved training _____

Mailing Address _____

The mailing and physical address are the same: YES NO

City _____ State _____ Zip Code _____ County _____

Physical Address (if different) _____ City _____ State _____ Zip _____

Email Address _____ Phone Number _____

2 REQUIRED ASSOCIATION – Choose ONE option below

- This Certification will be associated with an **existing** CCB residential license. CCB license # _____
Signature (owner/officer/member/partner): _____
- This Certification will be associated with a **new** Home Energy Performance Score Contractor license
 - CCB License Application attachedSignature (owner/officer/member/partner): _____

3 SIGNATURE

- I certify that I have read and will comply with ORS 701.527-701.536, and OAR 812-032-0000 through 812-032-0150.
- I understand that I **MUST** be associated with a business that is licensed through the Construction Contractors Board as a Home Energy Performance Score Contractor, or as a residential construction contractor, before this certification can be activated and I can begin conducting business as a Home Energy Assessor.
- I understand that this certification must be renewed every 12 months, and that my training certification will expire on a different date based on when I completed the training.

By signing below, I certify that the information given in this application is complete and accurate to the best of my knowledge.

Signature (individual who completed the approved training) - **Required**

Date - **Required**

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 **\$200** 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