



# CONSTRUCTION CONTRACTORS BOARD

P.O. Box 14140 Salem OR, 97309-5052  
Phone (503) 378-4621 | Fax (503) 373-2155  
[www.oregon.gov/ccb](http://www.oregon.gov/ccb)



## ACTIVE LICENSE STATUS REQUEST FORM

FEE: \$ 20.00

### NAME AND LICENSE NUMBER

\_\_\_\_\_  
Name of Business Entity

\_\_\_\_\_  
CCB License Number

### BUSINESS PRACTICE QUESTIONS

I am requesting that the above license be converted from inactive status **back to active status**. I understand that the above license must comply with all the following conditions before my license will be converted back to active status:

- |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <p>1. <b>Do you have a current, active bond on file with the CCB?</b><br/><i>If you answered "No" you must enclose an original, signed bond(s) with this form. The bond(s) must be in the amount required for your chosen endorsement(s).</i></p>                                                                                                  | <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>                                  |
| <p>2. <b>Do you have a current, valid Certificate of Insurance on file with the CCB?</b><br/><i>If you answered "No" you must submit a Certificate of Insurance with this form. The Certificate of Insurance must be in the amount required for your chosen endorsement(s).</i></p>                                                                | <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>                                  |
| <p>3. <b>Is your business name filed and active at the Oregon Corporation Division?</b><br/><i>If you answered "No" you must supply evidence that you have an active business registry filing at the Oregon Corporation Division. You may call 503-986-2200 for assistance.</i></p>                                                                | <p><input type="checkbox"/> YES    <input type="checkbox"/> NO<br/><input type="checkbox"/> N/A</p> |
| <p>4. <b>Are the employer account numbers on file still current and active?</b><br/><i>If you answered "No" you must supply current employer account numbers if your employer status is non-exempt. In addition, you must supply evidence of active workers' compensation coverage.</i></p>                                                        | <p><input type="checkbox"/> YES    <input type="checkbox"/> NO<br/><input type="checkbox"/> N/A</p> |
| <p>5. <b>Did you renew in the inactive status at your last renewal?</b></p>                                                                                                                                                                                                                                                                        | <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>                                  |
| <p>6. <b>Did you recently renew in the inactive status in error?</b><br/><i>If you answered "Yes", to either of these questions, you must meet the continuing education requirements before your license can be reactivated as defined on page 2. If you are exempt from these requirements, please check the appropriate boxes on page 2.</i></p> | <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>                                  |
| <p>7. <b>Are you a commercial contractor with an "exempt" employer status?</b><br/><i>If you answered "Yes" you must supply evidence that you have obtained personal election workers' compensation coverage.</i></p>                                                                                                                              | <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>                                  |

*\*Please note that if you are correcting this error within 30-days of your renewal, the \$20 fee will be waived.*

By signing below, I certify that I have read the above, and that the licensed entity has, and will continue to, comply with each requirement.

\_\_\_\_\_  
Person making request (Please print name of sole proprietor, partner, officer, member or trustee)

\_\_\_\_\_  
Signature **Required** (Sole proprietor, partner, officer, member or trustee)

\_\_\_\_\_  
Date

**CONTINUING EDUCATION COMPLETION CONFIRMATION**

- Residential CE courses must be completed by an owner, officer, RMI or employee.
- Commercial CE courses must be completed by an owner, officer, RMI or key employee.

Check **ONE** of these options that apply:

- RESIDENTIAL** contractor licensed for **6 or more years** prior to renewal date – 8 hours required
- RESIDENTIAL** contractor licensed for **less than 6 years** prior to renewal date – 16 hours required
- RESIDENTIAL** contractor with **exemption\*** listed below (*check exemption box below*)
- COMMERCIAL** contractor – **Completed** number of **hours required** based on number of key employees
- COMMERCIAL** contractor with **exemption\*** listed below (*check exemption box below*)

**\*Exemptions per OAR 812-020-0070 and OAR 812-022-0021\***

Please check the box below that applies to your license and provide the information requested.

- Developer - Residential or Commercial
- Electrical contractors (*owner, officer or employee*) licensed under ORS 479.510 to 479.945  
 Name \_\_\_\_\_ BCD License Number \_\_\_\_\_
- Plumbing contractors (owner, officer or employee) licensed under ORS 447.040 and chapter 693  
 Name \_\_\_\_\_ BCD License Number \_\_\_\_\_
- Architects registered under ORS 671.010 to 671.020 – *Must be an owner or officer*  
 Name \_\_\_\_\_ License Number \_\_\_\_\_
- Engineers licensed under ORS 672.002 to 672.325 – *Must be an owner or officer*  
 Name \_\_\_\_\_ License Number \_\_\_\_\_
- Boiler contractors licensed under ORS 480.510 to 480.670  
 Name \_\_\_\_\_ BCD License Number \_\_\_\_\_
- Elevator contractors licensed under ORS 479.510 to 479.945  
 Name \_\_\_\_\_ BCD License Number \_\_\_\_\_
- Limited sign contractors licensed under ORS 479.510 to 479.945  
 Name \_\_\_\_\_ BCD License Number \_\_\_\_\_
- Pump installation contractors licensed under ORS 479.510 to 479.945  
 Name \_\_\_\_\_ BCD License Number \_\_\_\_\_
- Renewable energy contractors licensed under ORS 479.510 to 479.945 – *Must be an owner/officer*  
 Name \_\_\_\_\_ BCD License Number \_\_\_\_\_
- Landscape contractors licensed under ORS 671.510 to 671.760  
 Name \_\_\_\_\_ LCB License Number \_\_\_\_\_
- Home inspectors (owner, officer or employee) certified under ORS 701.350 (*Residential only*)  
 Name \_\_\_\_\_ OCHI Number \_\_\_\_\_
- Master Builders certified under ORS 455.810 with Building Codes Division (*Residential only*)  
 Name \_\_\_\_\_ Certificate Number \_\_\_\_\_

## PAYMENT INFORMATION

For your protection, **EMAIL SUBMISSIONS WILL NOT BE ACCEPTED**. Please note, we only accept VISA, MASTERCARD, or DISCOVER ONLY for credit card payments.

By signing below, I understand that once the fee has been paid it is non-refundable. You may submit payment using ONE of the options below.

### Payment by Debit or Credit Card

- I renewed my license status as Inactive in error and wish to change it to Active. I am submitting this corrective form within 30-days of my renewal. I request the \$20 fee be waived.
- I am submitting this corrective form after 31-days from my previous renewal. I authorize the amount of **\$20.00** 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 completed application & 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 Board or Oregon CCB. Mail completed application and 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.

**Please allow 2-3 weeks for processing**

**IMPORTANT:** Incomplete information or payment will delay the processing time. Verify the information provided is complete and accurate prior to submitting.

FOR OFFICE USE ONLY

AMOUNT PAID

APPROVAL CODE