

For CCB use only:

831.082 ## _____

Eff. from _____ to _____

CCB LICENSE APPLICATION SOLE PROPRIETORSHIP

Part 1 ENTITY (OWNERSHIP). See yellow pages for directions. Use blue or black ink.

A) _____
(Print/type your name—one person only. Include full legal first, middle and last names.)

(Date of birth)

(Social Security Number)

(Driver's license number)

(State driver's license issued in)

B) _____
(Business *mailing* address) (City) (State) (Zip & 4) (County)

(Business *location* address)

(City)

(State)

(Zip & 4)

(County)

(Telephone number)

(Fax number)

(Internet address, if applicable)

(Residence *location* address, if different from above)

(City)

(State)

(Zip & 4)

(County)

Part 2 BUSINESS NAMES OR ASSUMED BUSINESS NAMES. See yellow pages for directions.

(Business name)

(ABN registry number if applicable)

(Business name)

(ABN registry number if applicable)

PLEASE CONTINUE TO WHITE PAGE 1B

Part

3

EMPLOYER ACCOUNT INFORMATION. See yellow pages for directions.

Are you an employer?

Yes (nonexempt)

No (exempt)

If you answered "yes," you must provide all three of the following numbers:

(a) WCD seven-digit compliance # or name of carrier and policy #: _____

(b) State of Oregon Business ID (State Tax ID) #: _____

(c) Federal EIN #: _____

I certify that I applied for a State of Oregon Business ID number (b) and a Federal EIN number (c) on this date: _____ . I further certify that I will provide the tax numbers to the CCB within 60 days of the date the CCB license is issued. I understand that failure to provide the required tax ID numbers will result in the immediate suspension of my license and I waive my rights to a hearing in this case. I understand the CCB will accept this application and issue a CCB license only if I fulfill the conditions above.

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CCB LICENSE APPLICATION

PARTNERSHIP, JOINT VENTURE or LLP

Part 1 ENTITY (OWNERSHIP). See yellow pages for directions. Use blue or black ink.

A) _____
(Print/type business *mailing* address) (City) (State) (Zip & 4) (County)

(Print/type business *location* address) (City) (State) (Zip & 4) (County)

/ /
(Business telephone number) (Business fax number) (Business Internet address, if applicable)

B) _____
(Partner's full legal first, middle and last names) (Social Security Number)

(Date of birth) (Driver's license number) (State driver's license issued in)

(Street address) (City) (State) (Zip & 4) (County)

(Partner's full legal first, middle and last names) (Social Security Number)

(Date of birth) (Driver's license number) (State driver's license issued in)

(Street address) (City) (State) (Zip & 4) (County)

(You must provide the above information for all partners. If necessary, attach an additional page to list additional partners. Include full legal name and all information requested above for each partner. If this is a family partnership, complete white page 2B.)

Part 2 BUSINESS NAMES OR ASSUMED BUSINESS NAMES. See yellow pages for directions.

(Business name) (ABN registry number if applicable)

(Business name) (ABN registry number if applicable)

PLEASE CONTINUE TO WHITE PAGE 2B

Part 3 EMPLOYER ACCOUNT INFORMATION. See yellow pages for directions.

A) Federal EIN #: _____

I certify that I applied for a Federal BIN number ((A) above) on this date: _____ . I further certify that I will provide the tax number to the CCB within 60 days of the date the CCB license is issued. I understand that failure to provide the required tax ID number will result in the immediate suspension of my license and I waive my rights to a hearing in this case. I understand the CCB will accept this application and issue a CCB license only if I fulfill the conditions above.

B) Are you an employer? Yes (nonexempt) No (exempt)

Do you have three or more partners who are not immediate members of the same family? Yes (nonexempt) No (exempt)

Do you have three or more unrelated partners and at least one of them is a working partner? Yes (nonexempt) No (exempt)

If you answered "yes" to *any* of the above three questions, you must provide both of the following for employees or partners:

(a) WCD seven-digit compliance # or name of carrier and policy #: _____

(b) State of Oregon Business ID (State Tax ID) #: _____

I certify that I applied for a State of Oregon Business ID number ((b) above) on this date: _____ . I further certify that I will provide the tax number to the CCB within 60 days of the date the CCB license is issued. I understand that failure to provide the required tax ID number will result in the immediate suspension of my license and I waive my rights to a hearing in this case. I understand the CCB will accept this application and issue a CCB license only if I fulfill the conditions above.

C) If you have three or more partners and they are all part of the same family, fill out the box below.

If this is an all-family partnership, the business may be exempt from workers compensation insurance. Exempt family members listed in ORS 656.027(23-24) are shown below. Please print all family member names from white pages 2A into the spaces below.

If you are unable to place a family member's name in a blank below because that relationship is not listed below (cousins, aunts, uncles, etc.), then your business is nonexempt and workers compensation must be provided.

*Spouse _____ *Daughter(s) _____

*Son(s) _____ *Parent(s) _____

*Sister(s) _____ *Brother(s) _____

*Daughter(s)-in-law _____ *Son(s)-in-law _____

*Grandchildren _____

PLEASE CONTINUE TO WHITE PAGE 5

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CCB LICENSE APPLICATION CORPORATION or TRUST

Part 1 ENTITY (OWNERSHIP). See yellow pages for directions. Use blue or black ink.

A) _____
 (Corporation name. Print/type exactly as listed on Articles of Incorporation form) (Corporate registry number)

 (Corporation mailing address) (City) (State) (Zip & 4) (County)

 (Corporation location address) (City) (State) (Zip & 4) (County)

 (Business phone number) (Business fax number) (Business Internet address, if applicable)

B) _____
 (Corporate officer's full legal first, middle and last names) (Title) (Social Security Number)

 (Date of birth) (Driver's license number) (State driver's license issued in)

 (Corporate officer's full legal first, middle and last names) (Title) (Social Security Number)

 (Date of birth) (Driver's license number) (State driver's license issued in)

 (Corporate officer's full legal first, middle and last names) (Title) (Social Security Number)

 (Date of birth) (Driver's license number) (State driver's license issued in)

(You must provide the above information for all corporate officers. If necessary, attach an additional page to list additional officers. Include full legal name, Social Security Number and date of birth. If this is a family corporation, complete white page 3B.)

Part 2 BUSINESS NAMES OR ASSUMED BUSINESS NAMES. See yellow pages for directions.

 (Business name) (ABN registry number if applicable)

 (Business name) (ABN registry number if applicable)

PLEASE CONTINUE TO WHITE PAGE 3B

Part 3 EMPLOYER ACCOUNT INFORMATION. See yellow pages for directions.

- A) Supply both of the following numbers:
(a) State of Oregon Business ID (State Tax ID) #: _____
(b) Federal EIN #: _____

I certify that I applied for a State of Oregon Business ID number (a) and a Federal EIN number (b) on this date: _____ . I further certify that I will provide the tax numbers to the CCB within 60 days of the date the CCB license is issued. I understand that failure to provide the required tax ID numbers will result in the immediate suspension of my license and I waive my rights to a hearing in this case. I understand the CCB will accept this application and issue a CCB license only if I fulfill the conditions above.

- B) Are you an employer? Yes (nonexempt) No (exempt)
Do you have three or more corporate officers who are not immediate members of the same family? Yes (nonexempt) No (exempt)
Do you have three or more unrelated corporate officers and at least one of them is a working corporate officer? Yes (nonexempt) No (exempt)

If you answered “yes” to *any* of the above three questions, you must provide the following for employees or corporate officers:
WCD seven-digit compliance # or name of carrier and policy #

- C) If you have three or more corporate officers and they are all part of the same family, fill out the box below.

If this is an all-family corporation, the business may be exempt from workers compensation insurance. Exempt family members listed in ORS 656.027(23-24) are shown below. Please print all family member names from white page 3A into the spaces below.

If you are unable to place a family member’s name in a blank below because that relationship is not listed below (cousins, aunts, uncles, etc.), then your business is nonexempt and workers compensation must be provided.

*Spouse _____ *Daughter(s) _____
*Son(s) _____ *Parent(s) _____
*Sister(s) _____ *Brother(s) _____
*Daughter(s)-in-law _____ *Son(s)-in-law _____
*Grandchildren _____

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CCB LICENSE APPLICATION LIMITED LIABILITY COMPANY (LLC)

Part **1** ENTITY (OWNERSHIP). See yellow pages for directions. Use blue or black ink.

A)

(LLC name. Print/type exactly as listed on Articles of Organization form)		(LLC registry number)
(LLC mailing address)	(City)	(State) (Zip & 4) (County)
(LLC location address)	(City)	(State) (Zip & 4) (County)
(Business phone number)	(Business fax number)	(Business Internet address, if applicable)

B)

(LLC member's full legal first, middle and last names)		(Social Security Number)
(Date of birth)	(Driver's license number)	(State driver's license issued in)
(LLC member's full legal first, middle and last names)		(Social Security Number)
(Date of birth)	(Driver's license number)	(State driver's license issued in)
(LLC member's full legal first, middle and last names)		(Social Security Number)
(Date of birth)	(Driver's license number)	(State driver's license issued in)

(You must provide the above information for all members. If necessary, attach an additional page to list additional members. Include full legal name, Social Security Number and date of birth. If this is a family LLC, complete white page 4B.)

Part **2** BUSINESS NAMES OR ASSUMED BUSINESS NAMES. See yellow pages for directions.

(Business name)	(ABN registry number if applicable)
(Business name)	(ABN registry number if applicable)

PLEASE CONTINUE TO WHITE PAGE 4B

Part 3 EMPLOYER ACCOUNT INFORMATION. See yellow pages for directions.

A) Are you an employer? Yes (nonexempt) No (exempt)

Do you have three or more members who are not immediate members of the same family? Yes (nonexempt) No (exempt)

Do you have three or more unrelated members and at least one of them is a working member? Yes (nonexempt) No (exempt)

If you answered "yes" to *any* of the above three questions, you must provide the following for employees or members:

(a) WCD seven-digit compliance # or name of carrier and policy: _____

(b) State of Oregon Business ID (State Tax ID) #: _____

(c) Federal EIN #: _____

I certify that I applied for a State of Oregon Business ID number (b) and a Federal EIN number (c) on this date: _____ . I further certify that I will provide the tax numbers to the CCB within 60 days of the date the CCB license is issued. I understand that failure to provide the required tax ID numbers will result in the immediate suspension of my license and I waive my rights to a hearing in this case. I understand the CCB will accept this application and issue a CCB license only if I fulfill the conditions above.

B) Does this LLC have more than one member? Yes No

If you answered "yes" to this question, you must provide the information in (c) directly above (even if you are not an employer).

C) If you have three or more LLC members and they are all part of the same family, fill out the box below.

If this is an all-family LLC, the business may be exempt from workers compensation insurance. Exempt family members listed in ORS 656.027(23-24) are shown below. Please print all family member names from white page 4A into the spaces below.

If you are unable to place a family member's name in a blank below because that relationship is not listed below (cousins, aunts, uncles, etc.), then your business is nonexempt and workers compensation must be provided.

*Spouse _____ *Daughter(s) _____

*Son(s) _____ *Parent(s) _____

*Sister(s) _____ *Brother(s) _____

*Daughter(s)-in-law _____ *Son(s)-in-law _____

*Grandchildren _____

PLEASE CONTINUE TO WHITE PAGE 5

Part 4 LICENSE CATEGORIES. Check one box only. See yellow pages for directions.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> General Contractor-All Structures | <input type="checkbox"/> Specialty Contractor-All Structures |
| <input type="checkbox"/> General Contractor-Residential Only | <input type="checkbox"/> Specialty Contractor-Residential Only |
| <input type="checkbox"/> Inspector | |
| <input type="checkbox"/> Limited Contractor. My signature below indicates I meet all six of the eligibility requirements to be a Limited Contractor on yellow page 7. | |

(Signature of sole proprietor, partner, corporate officer, LLC member or trustee)

(Printed name of sole proprietor, partner, corporate officer, LLC member or trustee)

(Date)

Part 5 FEES AND TWO- OR FOUR-YEAR LICENSES. See yellow pages for fee amounts.

Check one of the following:

- I would like a two-year license.
- I would like a four-year license.

Part 6 REQUIRED SURETY BOND. See yellow pages for directions.

- I have read the information on yellow page 8 and I am attaching the *original* surety bond to this application.

Part 7 REQUIRED GENERAL LIABILITY INSURANCE. See yellow pages for directions.

Check one of the following boxes:

- I have read the information on yellow page 8. My policy number *has been issued* and I am attaching a Certificate of Insurance prepared by the agent. The CCB is named as the certificate holder on the Certificate of Insurance.
- I have read the information on yellow page 8. My policy number *has not been issued* and I am attaching an insurance binder.

Part 8 REQUIRED EDUCATION. See yellow pages for directions.

(A) RESPONSIBLE MANAGING INDIVIDUAL (RMI).

The business' RMI is _____ (Do not leave blank.)

This RMI listed above is (check one) An owner, partner, corporate officer, LLC member or trustee.
 A designated RMI who meets all the criteria in Part 8 in the yellow pages.

The RMI's ID number given to the RMI's education provider is _____

(B) EXEMPTIONS. If one of the exemptions applies to the RMI, check the appropriate box below and fill in any information or attach any documentation required.

- 1. Active CCB license: The RMI is a sole proprietor, partner, corporate officer, LLC member or trustee of a business licensed with the CCB before July 1, 2000 and is still actively licensed. *(No course and no state test required.)* CCB license #: _____
- 2. Previous CCB license: The RMI was a sole proprietor, partner, corporate officer, LLC member or trustee of a business licensed with the CCB before July 1, 2000 and RMI has been lapsed with the CCB for 24 months or less. *(No course and no state test required.)* CCB license #: _____
- 3. Manufactured dwelling installers license: RMI has a current manufactured dwelling installers license issued by the Oregon Building Codes Division. Attach a copy of that license to the CCB application form. *(No course required. State test is required.)*

(C) COURSE COMPLETION. If RMI is not exempt from the education classes, check the following box.

- The RMI completed the new 16-hour course on or after June 1, 2000. Send no proof of course completion to the CCB.
- The RMI is exempt from the education in (B) above.

(D) TEST PASSAGE. If RMI is not exempt from the state test in (B) above, check the following box:

- The RMI has passed the state test on the new 16-hour course. Attached is an AMP Score Report showing a passing score for the RMI.
- The RMI is exempt from the test in (B) above.

Part 9 SIC CODES. See yellow pages for directions.

List one, two, or three SIC codes from Part 9 in the yellow pages that best describes the work you do:

Part 10 HOME INSPECTOR CERTIFICATION. See yellow pages for directions.

(A) This business is licensed as a General Contractor, Specialty Contractor or Inspector in Part 4.

(B) These are the names of all certified individual(s) and their Oregon Certified Home Inspector (OCHI) numbers:

None of the owners or employees of the business are certified at this time. I understand that no one in this business may do home inspections without being certified. When someone completes his/her certification, I will send a copy of their certificate to the CCB with a letter indicating that this individual is doing home inspections for this business. I will include this business' CCB license number in the letter.

Part 11 LITIGATION AND CLAIMS HISTORY.

Have you or any person in this business been involved as an owner, partner, officer or member in any construction business in Oregon or any other state that had an unsatisfied judgment resulting from bond claims, enforcement actions, or litigation within the past five years?

No Yes. If yes, list claim number(s) or claimant(s): _____

Part 12 CRIMINAL BACKGROUND.

Have you ever been convicted of any of the following felonies? No Yes.

If yes, check the appropriate box(es) and fill in the information below:

	<u>Date</u>	<u>State</u>		<u>Date</u>	<u>State</u>
<input type="checkbox"/> Murder	_____	_____	<input type="checkbox"/> Robbery I	_____	_____
<input type="checkbox"/> Assault I	_____	_____	<input type="checkbox"/> Theft I	_____	_____
<input type="checkbox"/> Kidnapping	_____	_____	<input type="checkbox"/> Arson I	_____	_____
<input type="checkbox"/> Sexual abuse	_____	_____	<input type="checkbox"/> Theft by extortion	_____	_____
<input type="checkbox"/> Rape, sodomy or unlawful sexual penetration	_____	_____			

Providing incomplete or inaccurate information may delay or stop approval. The Construction Contractors Board has the authority to check all applicants' criminal history.

Part 13 LICENSING HISTORY.

Are you or any person in this business currently licensed with the CCB as a sole proprietor, partner, officer, member or trustee?

No Yes. If yes, list current license number(s): _____

Have you or any person in this business been licensed previously with the Builders Board or Construction Contractors Board?

No Yes. If yes, list previous license number(s) or previous business name(s): _____

Have you ever been an owner or manager in a construction business in any other state?

No Yes. If yes, list name of business(es) and state(s): _____

Do you or any person in this business have any outstanding or unpaid civil penalties, fines, penalty orders or judgments from Oregon or any other states?

No Yes. If yes, explain: _____

Part 14 STATISTICAL INFORMATION.

Fill in the following information about your construction business, estimating the volume and kind of work the business will be doing.

This information is for statistical purposes only and does not restrict in any way how much and what kind of work you can or cannot do.

(A) How much work do you expect this business will do in the next 12 months?

Check one of the following boxes that best estimates the volume of work the business will do. Gross volume means total sales (the total amount the business is paid for labor and supplies before expenses are figured).

- Less than \$250,000
- \$250,000 to \$1 million
- \$1 million to \$5 million
- \$5 million or more

(B) What kind of work will this business do in the next 12 months? Fill in one or more of the following blanks with numbers that add up to 100 percent.

_____ % Residential remodel and/or repair
_____ % Residential new construction
_____ % Commercial construction
_____ % Other _____ (describe)

100 % Total

You must check all of the first seven statements below or your application will be returned to you.

- (1) I provide labor and services free from direction and control, subject only to the accomplishment of specified results.
- (2) I am responsible for getting all assumed business registrations or professional occupation licenses required by state or local law.
- (3) I furnish the tools or equipment necessary to do the work.
- (4) I will have the authority to hire and fire employees. (If I am licensed as exempt and decide to have employees in the future, I will have the authority to hire and fire employees.)
- (5) I am paid on completion of specific portions of the project or on the basis of a periodic retainer. (Payment by the hour qualifies.)
- (6) I will maintain my license with the Construction Contractors Board.
- (7) I will file federal and state income tax returns for the business.

You must check any four of the statements in #8 or your application will be returned to you.

- (8) I represent to the public that I am an independent business, as follows:
 - (a) I work primarily at a location separate from my residence, or at a specific location in my residence set aside for the business.
 - (b) I have purchased commercial advertising, business cards, or have a trade association membership.
 - (c) I use a telephone listing and service separate from my personal residence listing and service.
 - (d) I perform labor or services only pursuant to written contracts.
 - (e) I perform labor or services for two or more different persons within a period of one year.
 - (f) I assume financial responsibility for defective workmanship and breach of contract, as shown by a bond and liability insurance coverage.

I have read the following seven statements. I certify all are true with my signature and the date below.

1. I hereby certify that to the best of my knowledge, the information on this application is complete and correct.
2. I hereby certify that effective this date and for as long as this license is in effect, I have and will continue to carry the required liability insurance.
3. If I named a designated RMI, I hereby certify that the person meets all the requirements of a designated RMI in Part 8. If the RMI leaves the business, I will notify the CCB in writing immediately and provide the new RMI's name and either documentation showing the RMI is exempt from the required education and test or documentation of having completed the required course and having passed the state test.
4. I hereby certify that the business will operate as an independent contractor as stated in Part 15.
5. I am an independent contractor as indicated in Part 15 and I understand that as a result of licensing as an independent contractor, neither I nor any of my heirs will qualify for worker's compensation or unemployment compensation unless I make my own arrangements for insurance coverage. The decision to be an independent contractor is voluntary and is not a condition of any contract entered into by me or by the licensee.
6. I understand that I must conform to the information provided on this application and to the terms of my license. I further understand that I can receive a civil penalty of \$5,000 per offense and that my license can be suspended or revoked for failure to do so.
7. I understand that if I sign below as an owner, partner, corporate officer, LLC member or trustee, that I will be held liable as such.

(Signature of sole proprietor, partner, corporate officer, LLC member or trustee) *

(Printed name of sole proprietor, partner, corporate officer, LLC member or trustee)

(Date)

**Your signature means you are bound by the terms of this application, even if you do not read the above terms.*

