

APPLICATION FOR BUSINESS: CERTIFIED LEAD BASED PAINT RENOVATION CONTRACTORS LICENSE



Construction Contractors Board
 PO Box 14140
 700 Summer St. NE, Suite 300
 Salem, OR 97309-5052
 503-378-4621 www.oregon.gov/ccb

<i>LBPR #</i> _____
<i>Eff. date</i> _____ <i>(Do not write in this box.)</i>

APPLICANT INFORMATION: (Please type or print neatly using blue or black ink).

Full Legal Name of Sole Proprietor, Partnership, Corporation or LLC		CCB License No.
Business Mailing Address		City, State
Zip Code		
Telephone Number ()	Cell Phone Number ()	e-Mail Address
Full Legal Name of Partner, Corporate Officer or LLC Member (if not a sole proprietorship)		
Full Legal Name of Partner, Corporate Officer or LLC Member (if not a sole proprietorship)		
<i>Attach an additional page to list all names of partners, corporate officers or LLC members.</i>		
Full Legal Name of Renovation, Repair & Painting (RRP) Certificate Holder		RRP Certificate No.
<input type="checkbox"/> Owner <input type="checkbox"/> Employee		

SIGNATURE

I certify that I have read and will comply with ORS 431.920, ORS 701.505 to 701.515 (as amended by Oregon Laws 2009, chapter 757), and the rules adopted pursuant thereto. I also certify that the information and documentation given in this application is complete and accurate to the best of my knowledge.

Signature of Sole Proprietor, Partner, Corporate Officer or Member	Date
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INCLUDE WITH APPLICATION

Copy of employee or owner's Renovation, Repair & Painting (RRP) Certificate
 Fee - \$50 (make checks payable to the Construction Contractors Board)

CREDIT CARD PAYMENTS - (Credit card-only customers may fax this application to 503-373-2155)

Billing Name		Billing Address	
Amount of Payment \$50	Card Number		Expiration Date
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	Signature of Card Holder _____		Date _____
			Office Use Only