



**Construction Contractors Board**

700 Summer St NE Suite 300  
PO Box 14140  
Salem OR 97309-5052

Telephone: 503-378-4621  
Fax: 503-373-2007  
Web Address:  
[www.oregon.gov/CCB](http://www.oregon.gov/CCB)

**ADD A HOME INSPECTOR TO A CCB BUSINESS LICENSE**

**Print the CCB entity name and license number:**

\_\_\_\_\_  
Name (print name of CCB licensee)

\_\_\_\_\_  
CCB license No.

**Please add the following certified home inspector(s) to my license:**

\_\_\_\_\_  
Home inspector name

\_\_\_\_\_  
OCHI No.

\_\_\_\_\_  
Home inspector name

\_\_\_\_\_  
OCHI No.

\_\_\_\_\_  
Home inspector name

\_\_\_\_\_  
OCHI No.

**Signature**

\_\_\_\_\_  
Signature of owner, partner, corporate officer, member of CCB business

\_\_\_\_\_  
Date