

CONSTRUCTION CONTRACTORS BOARD (CCB)  
PO BOX 14140  
SALEM OR 97309-5052  
503-378-4621 Ext. 4071

**e-proof**  
**APPLICATION FOR AGENT**  
**ONLINE INSURANCE ENTRY ACCESS**

Instructions: Please type or print legibly. All requested information must be provided.

**Agent's Information**

\_\_\_\_\_  
Agent's Name (First, Middle, Last) Agent's License No.

\_\_\_\_\_  
Agent's Address City, State, Zip Code

(\_\_\_\_\_) (\_\_\_\_\_)  
Agent's Phone Number Agent's Fax Number

\_\_\_\_\_  
Agent's E-mail Address

\_\_\_\_\_  
Requested User Name Requested Password

**Computer Inventory**

\_\_\_\_\_  
Processor/Speed (i.e. Pent III – 750) Internet Browser (i.e. Internet Explorer 4.0)

\_\_\_\_\_  
Internet Connectivity Speed (i.e. modem at 28800)

**Agent's Certification Statement**

1. I certify under penalties of perjury that the information provided is complete and correct.
2. I understand that the CCB has the right to deny this application, with no reason given.
3. I understand that if accepted, the password assigned by the CCB is for my use only and I further certify that I will not provide my password to anyone.
4. I understand that the CCB has the right to revoke my access at any time without prior notification.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

**Agency Information**

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency License No.

\_\_\_\_\_  
Agency Owner's Name

\_\_\_\_\_  
Agency Address

\_\_\_\_\_  
City, State, Zip Code

(\_\_\_\_\_)\_\_\_\_\_  
Agency Phone Number

(\_\_\_\_\_)\_\_\_\_\_  
Agency Fax Number

\_\_\_\_\_  
Agency E-mail Address

**Agency's Certification Statement**

1. I certify under penalties of perjury that the information provided above is correct.
2. I certify that the agent listed on the reverse side has the authority to provide the CCB with evidence of general liability insurance on behalf of my agency.
3. I agree that I will immediately provide written notification to the CCB if the agent is no longer in my employment or is no longer authorized to provide evidence of insurance on behalf of my agency.

\_\_\_\_\_  
Signature of Agency Owner

\_\_\_\_\_  
Date