CONSTRUCTION CONTRACTORS BOARD
PO Box 14140
Salem OR 97309-5052
503-378-4621
www.oregon.gov/CCB

REQUEST TO CHANGE
INDEPENDENT CONTRACTOR LICENSE STATUS

NAME AND LICENSE NUMBER

_____ _____
Name *(Print name of licensee)* CCB license number

INDEPENDENT CONTRACTOR LICENSE STATUS CHANGE

I would like to change my status to: ☐ Exempt (no employees)
☐ Nonexempt (have employees) - **Please complete 1, 2 & 3 below.**

Questions on how to fill out the Combined Employer's Registration form for the BIN number should be directed to the Oregon Dept. of Revenue at 503-945-8091 option 2. After applying, you will be notified by mail of the assigned BIN number. When you receive the BIN number, please write it in the space provided below.

1. **Oregon Business Identification number (BIN)** [call 503-378-4988] _____
2. **Federal Employer Identification number (EIN)** [call 1-800-829-4933] _____
3. **Workers Compensation 7-digit Compliance number** [call 503-947-7815] _____

If you have **not** received your **Notice of Compliance** from the Workers Compensation Division yet, we can *temporarily* accept the following information:

Workers compensation insurance carrier name (not NCCI) _____

Workers compensation insurance policy or binder number _____

SIGNATURE

_____ (_____)_____
Your Name *(Print name of sole proprietor, partner, LLC member or corporate officer)* Phone number

_____ _____
Signature *(Required)* Date *(Required)*

FEE - $20 – make checks payable to CONSTRUCTION CONTRACTORS BOARD

If paying by credit card: ☐ Visa ☐ MasterCard ☐ Discover Payment Amount $ 20.00

Account # _____ Expiration Date (Mo/Yr)_____

Print Name as Displayed on Card _____

Credit Card Holder's Address _____

Signature_____

(Credit card-only customers may fax this document to 503-373-2155)