



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



REQUEST TO CHANGE INDEPENDENT CONTRACTOR LICENSE CLASS

NAME AND LICENSE NUMBER

 Name (Print name of licensee)

 CCB license number

INDEPENDENT CONTRACTOR LICENSE CLASS CHANGE

I would like to change my class to: Exempt (no employees)

WORKERS COMPENSATION REQUIREMENT FOR EXEMPT COMMERCIAL CONTRACTORS

N/A – Licensee is not a Commercial Contractor

By checking the box below, I certify on behalf of this commercial endorsed licensee that the licensee carries a required workers' compensation insurance policy that includes personal election coverage.

YES - **Personal election insurance:**

Carrier name _____ **Policy/Binder number** _____

I would like to change my class to: 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 insurance:

Carrier name _____ **Policy/Binder number** _____

Call your insurance agent for help with workers compensation. Note: We cannot accept NCCI.

SIGNATURE

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

(_____) _____
 Phone number

 Signature (Required)

 Date (Required)

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

Billing Name

Billing Address

Amount of Payment

Card Number

Expiration Date

\$20

- Visa
- Mastercard
- Discover

Office Use Only

 Signature of Card Holder