



**CONSTRUCTION  
CONTRACTORS BOARD**  
PO Box 14140  
Salem OR 97309-5052  
503-378-4621  
[www.oregon.gov/CCB](http://www.oregon.gov/CCB)



## REQUEST FOR INACTIVE LICENSE STATUS - \$20 FEE REQUIRED

**NOTE: A contractor having an inactive license is still subject to renewal requirements and fees, but is not subject to the bonding, insurance or training requirements. A license may not be placed in an inactive status more than once during any two-year renewal period.**

Name \_\_\_\_\_  
*(Print name of licensed entity)* \_\_\_\_\_ CCB License No.

I am requesting that the above license be placed into an inactive status.

I understand that the above license must comply with all of the following conditions while in an inactive status:

1. The licensee will not engage in construction work.
2. The licensee will not offer to undertake work, advertise work as a contractor, submit a bid for construction work, obtain a building permit or perform construction work of any kind.
3. The licensee will notify the CCB, comply with all licensing requirements, and change the license status back to active before engaging in work as a contractor, offering to undertake work as a contractor, advertising as a contractor, submitting a bid for construction work, obtaining a building permit or performing work of any kind.
4. The licensee will notify the CCB within 10 days of an address change.

By signing below, I certify that I have read the above, and that the licensed entity will comply with each requirement or face possible civil penalties up to \$5,000 and revocation of this license.

Person making request \_\_\_\_\_  
*(Please print name of sole proprietor, partner, officer, member or trustee)*

Signature \_\_\_\_\_ \_\_\_\_\_ Date  
*(Sole proprietor, partner, officer, member or trustee)*

You will be notified of any problems or you will receive a new license in approximately 15 working days.

### HOW TO PAY \$20

If paying by check, make check payable to the *Construction Contractors Board* and mail to the address above.

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)**