



**CONSTRUCTION
CONTRACTORS BOARD**
PO Box 14140
Salem OR 97309-5052
503-378-4621
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 the voluntary inactive status. I understand that the above licensee must comply with all of the following conditions while in the voluntary 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.
5. The licensee will maintain an active filing of the business entity at the Oregon Corporation Division.

By signing below, I certify on behalf of the licensee that I have read the above, and that the licensee 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 days. Make checks payable to Construction Contractors Board.

CREDIT CARD PAYMENTS - (Credit card-only customers may fax this application to 503-373-2155)			
Billing Name	Billing Address		
Amount of Payment \$20	Card Number	Expiration Date	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	_____ Signature of Card Holder		_____ Date
			Office Use Only