

APPLICATION FOR LEAD-BASED PAINT BUSINESS ENDORSEMENT



Construction Contractors Board
 PO Box 14140
 700 Summer St. NE, Suite 300
 Salem, OR 97309-5052
 503-378-4621 ext. 4053 Fax: 373-2007
www.ccb.state.or.us

CCB reg. # _____
 Lic. expires _____
 Eff. date _____
(Do not write in this box.)

Applicant information: (Print neatly or type using blue or black ink.)

Name of business		CCB reg. #		
Business mailing address		City	State	Zip & 4
/ /				
Telephone number	Fax number			
Names of licensed person(s) (include full legal first, middle and last names)			License #	<input type="checkbox"/> Owner <input type="checkbox"/> Employee
Home mailing address		City	State	Zip & 4
/ /				
Telephone number	Fax number			

*(If necessary, attach an additional page to list other owners.
 Include all information on previous three lines.)*

Other required information to be included with application

\$50.00 fee
 Copy of Health Division certificate

I certify that I have read and will comply with ORS 431.920, ORS 701.500 to 701.515, the rules adopted pursuant thereto. I also certify that the information and documentation given in this application is complete and accurate to the best of my knowledge.

Signature of owner: _____ Date: _____