

# APPLICATION FOR LEAD BASED-PAINT INDIVIDUAL LICENSE



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](http://www.ccb.state.or.us)

License # \_\_\_\_\_  
Eff. date \_\_\_\_\_  
CCB # exp. \_\_\_\_\_  
(Do not write in this box.)

## Type of license:

- Inspector       Project Designer       Risk Assessor       Supervisor       Worker

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

\_\_\_\_\_  
Your name (include full legal first, middle and last names)

\_\_\_\_\_  
Home mailing address      City      State      Zip & 4

\_\_\_\_\_  
Telephone number      Fax number

\_\_\_\_\_  
Name of business (you own or are employed by)      CCB reg. #

\_\_\_\_\_  
Business mailing address      City      State      Zip & 4

\_\_\_\_\_  
Telephone number      Fax number

## Other required information to be included with application

- Copy of Health Division Certificate       Photo I.D.  
 \$25 fee      Workers  
 \$50 fee      Inspectors, Project Designers, Risk Assessors, Supervisors

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: \_\_\_\_\_ Date: \_\_\_\_\_