

APPLICATION FOR INDIVIDUAL: LEAD BASED PAINT ACTIVITIES LICENSE



Construction Contractors Board
 PO Box 14140
 700 Summer St. NE, Suite 300
 Salem, OR 97309-5052
 503-378-4621 www.oregon.gov/ccb

LBP # _____
 Eff. date _____
(Do not write in this box.)

APPLICANT INFORMATION: (Please type or print neatly using blue or black ink).

Full (Legal) First		Middle Name	Last Name
Business Mailing Address		City, State	Zip Code
Telephone Number ()	Cell Phone Number ()	e-Mail Address	
Name of Business you own or are employed by (if applicable)			CCB License No. (if applicable)
			<input type="checkbox"/> Owner <input type="checkbox"/> Employee

TYPE OF LEAD BASED PAINT ACTIVITIES LICENSE (Select all that apply)

Inspector
 Risk Assessor
 Supervisor
 Worker

SIGNATURE

I certify that I have read and will comply with ORS 431.920, ORS 701.505 to 701.515 (as amended by Oregon Laws 2009, chapter 757), and 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 Sole Proprietor, Partner, Corporate Officer or Member	Date
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INCLUDE WITH APPLICATION

Copy of Public Health Division Certification
 Copy of Public Health Division Photo I.D. Badge
 \$50 – Inspector
 – \$50 Risk Assessor
 \$50 – Supervisor
 – \$25 - Worker
 (make checks payable to the 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	Card Number	Expiration Date	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	_____ Signature of Card Holder	Date	Office Use Only

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR INDIVIDUAL: LEAD BASED PAINT ACTIVITIES LICENSE.

APPLICANT INFORMATION:

Full Legal Name:

Enter the full legal first, middle and last name.

Business Mailing Address, Telephone, Cell phone and E-mail Address:

Enter your business mailing address, phone and e-mail address (optional).

Name of Business you own or are employed by and CCB number (if applicable):

Oregon OAR 812-007-0100 – No individual shall offer to perform or perform LBP activities in target housing or child-occupied facilities without first receiving certification from the Department and a license from the board, unless such individual is exempt from the boards licensing requirements. (If you are exempt from licensing with the CCB please contact the Department of Human Services)

TYPE OF LEAD BASED PAING ACTIVITIES LICENSE (Select all that apply):

Mark the type of Activities requested. (Must include OHA certifications for all selected)

SIGNATURE:

Application must be signed.

INCLUDE WITH APPLICATION:

Copy of Business Public Health Division Certification(s):

This is the certification received from the Oregon Health Authority (OHA), Public Health Division for your specific type of activities.

Copy of Health Division Photo ID Badge:

This is the Photo ID Badge received from the OHA, Public Health Division.

Fee (each):

\$50 – Inspector

\$50 – Supervisor

\$50 – Risk Assessor

\$25 – Worker

Note: Fees are non-refundable and non-transferrable (OAR 812-007-0360).