



CONSTRUCTION CONTRACTORS BOARD

P.O. Box 14140 Salem OR, 97309-5052
Phone (503) 378-4621 | Fax (503) 373-2155
www.oregon.gov/CCB



ENDORSEMENT CHANGE FORM

FEE: \$ 20.00

NAME AND LICENSE NUMBER

Business Entity Name

CCB License Number

REMOVE ENDORSEMENT

REMOVE current endorsement from my CCB record:

☐ Residential Endorsement and/or ☐ Commercial Endorsement

ADD ENDORSEMENT

ADD the following endorsement(s) to my CCB record.

- Select the appropriate endorsement for either Residential, Commercial, or Dual Endorsement,
- If applying for DUAL Endorsement, select the appropriate endorsement for BOTH.
- Review the [Endorsement Chart](#) for all endorsement type definitions, criteria, and bond/insurance requirements, and
- Include the appropriate bond and power of attorney with this form.

Residential Endorsement – You may only select ONE.

- | | |
|---|--|
| ☐ Residential General Contractor (RGC)
includes small commercial | ☐ Residential Specialty Contractor (RSC)
includes small commercial |
| ☐ Residential Limited Contractor (RLC)
includes small commercial | ☐ Residential Developer (RD) |
| ☐ Home Services Contractor (HSC) | ☐ Residential Restoration Contractor (RRC) |
| ☐ Home Inspector Services Contractor (HISC)
Oregon Home Inspector Certification (OCHI) holder name _____ # _____ | |
| ☐ Home Energy Performance Score Contractor (HEPSC)
Oregon Home Energy Assessor (Dept of Energy) Certification holder name _____ | |
| ☐ Residential Locksmith Services Contractor (RLSC)
Oregon Locksmith Certification holder name _____ # _____ | |

Commercial Endorsement – You may only select ONE.

- | | |
|--|--|
| ☐ Commercial General Contractor Level 1 | ☐ Commercial General Contractor Level 2 |
| ☐ Commercial Specialty Contractor Level 1 | ☐ Commercial Specialty Contractor Level 2 |
| ☐ Commercial Developer | |

IF ADDING A COMMERCIAL ENDORSEMENT – Not required for Residential endorsement**CERTIFICATION OF EXPERIENCE**

- ☐ The licensee is selecting a Level 1 commercial classification and has 8 years of experience.
- ☐ The licensee is selecting a Level 2 commercial classification and has 4 years of experience.

KEY EMPLOYEE(S) – Required

A “Key” Employee is an owner or employee who is a Corporate Officer, Manager, Superintendent, Lead person or other person who exercises management or supervisor authority over the construction activities of the business.

How many key employees do you have? _____

Key Employee(s) must have:

1. Experience gained as a licensed contractor, journeyman, foreperson, supervisor or as any other employee engaged in construction work for a licensed contractor.
2. The following may substitute for up to a maximum of three (3) years of experience:
 - Completion of an apprenticeship program,
 - A bachelor’s degree in a construction related field,
 - A bachelor’s degree or master’s degree in business, finance, or economics, or
 - An associate degree in construction or building management.

WORKERS COMPENSATION

The licensee has an exempt independent contractor status (no employees) and is required by Oregon law to carry a workers compensation insurance policy that includes Personal Election coverage for the owners of the business.

Carrier Name

Policy Number

SIGNATURE

Print Name *(must be signed by sole proprietor, partner, LLC member, trustee, or corporate officer)*

Signature *(Required)* _____

Date _____

PAYMENT INFORMATION

For your protection, **EMAIL SUBMISSIONS WILL NOT BE ACCEPTED**. By signing below, I understand that once the fee has been paid it is non-refundable.

You may submit payment using **ONE** of the following options (*please select only one*):

Payment by Debit or Credit Card

VISA, MASTERCARD, or DISCOVER ONLY for credit card payments.

I authorize the amount of **\$20.00** Endorsement Change fee to be charged to my card.

☐

VISA

☐

MASTERCARD

☐

DISCOVER

Card Number

Expiration Date (MM/YY)

CVV (3-digit Code)

Name as it appears on the card

Card Holder's Billing Address

City

State

Zip Code

Card Holder's Email

Card Holder's Phone Number

Authorized Signature **REQUIRED****Secure Fax (only if paying by debit or credit card)**

You may fax the completed form & payment to the office using our secure fax at (503) 373-2155.

Payment by Check

Check or Money Order can be made payable to the Oregon Construction Board or Oregon CCB. Mail the completed form and check/money order to the Board office at:

Regular Mail:

P.O. BOX 14140

Salem, OR 97309-5052

Priority Mail:

201 High St SE, Ste. 600

Salem, OR 97301

Questions?? Please contact the CCB at (503) 378-4621

Please allow 2-3 weeks for processing

IMPORTANT: Incomplete information or payment will delay the processing time. Verify the information provided is complete and accurate prior to submitting.

FOR OFFICE USE ONLY
AMOUNT PAID

APPROVAL CODE