

Provided for your convenience
Relates to
Criteria for Contractor Acceptance
Documentation Requirement item **ii.**

LEAD-BASED PAINT PROGRAM
Lead-Based Paint Permit Application
Page 2

- 3. Provide the required notification of possible lead-based paint hazards to owners or occupants of pre-1978 housing or child Care settings.

Signature _____ Date _____

For Office Use:	Date Application Received: ___/___/___
	Fee Received _____
	Control Number _____
Comments:	_____

Social Security Numbers Required on Permit Applications

As part of your application for an initial or renewed lead-based paint permit issued by the Department of Human Services, you are required to provide your Social Security Number to the Department. This is mandatory. The authority for this requirement is **Oregon Laws 1997, Chapter 746, Section 117 (ORS 25.785) and 42 USC § 666 (a) (13)**. Failure to provide your Social Security Number will be a basis to refuse to issue or renew the permit you seek. Although a number other than your Social Security Number appears on the face of the permit issued by the Department, your Social Security Number will be used for child support enforcement purposes only, unless you authorize other uses of the number.

Request for Specialized Training or Credentials to be Added to License Record

I am an owner (not an employee) of a business licensed with the Oregon Construction Contractors Board (CCB). I have completed specialized training or credentials approved under OAR 812-011-0030(1). I am requesting that these training courses or credentials be added to my license record. (Note: If you would like the information added to more than one license, please complete a separate form and attach separate documentation for each license number requested.)

Directions: Fill out parts (1), (2) and (3) below and return this form with all required documentation to the CCB Licensing Section, PO Box 14140, Salem OR 97309-5052.

(1) _____
(Name of Business that credentials will be added to) _____
(CCB license #)

(2) I am attaching a certificate for every specialized training course or credential approved under OAR 82-011-0030(1) that I have completed and am providing documentation for. I am attaching a total of _____ (number) of completion certificates.

(3) I have read the following four statements, and by signing below, I agree to the conditions of these four statements:

1. I have successfully completed all the requirements for the training or credentials that I have attached.
2. I understand that if I fill out this request correctly and attach all required and eligible documentation, that the courses or credentials will be added to the record of the CCB license number provided in approximately 15 business days.
3. I understand that if the training courses or credentials that I have submitted become invalid (taken away from me, suspended, expired, etc.), I must notify the CCB in writing within 10 working days. Failure to do so may result in a civil penalty of up to \$5,000.
4. I understand that if the CCB becomes aware that my courses or credentials are no longer valid and I failed to notify them, the CCB has the right to remove the courses or credentials without notifying me.

(Print Name of sole proprietor, partner, officer, member or trustee who completed the training or credentials)

(Date)

(Signature of above)

(Date)



Oregon Construction Contractors Board
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