

CERTIFICATE OF CONTRACTOR LICENSING
OAR 918-480-0140

Date _____

Building Permit # _____

Owner's Name _____

Job Address _____

I certify that the following is a list of contractors used on this job:

General Contractor name _____

CCB license # _____

Address _____

HVAC Contractor name _____

CCB license # _____

Address _____

Plumbing Contractor name _____

CCB license # _____

Address _____

Electrical Contractor name _____

CCB license # _____

Address _____

General Contractor/Owner Signature: _____

If more than one of any type of contractor worked on the job, please mark _____ and submit additional form(s) as necessary.

This form is required to be submitted to Building Codes Services prior to issuance of the Certificate of Occupancy.