



OREGON LANDSCAPE CONTRACTORS BOARD
700 Summer St. NE, Suite 300, Salem OR 97310
PO Box 14140, Salem OR 97309-5052
Telephone: 503/378-4621 ext. 4032
Fax: 503-373-2007

Paying by credit card? Fill out this information:	
Visa _____	MasterCard _____
Account # _____	
Exp. Date _____	

Plain Language Improvements:

- Revised for use with new data base, only requires change to existing data

LANDSCAPE CONTRACTORS LICENSE RENEWAL

Name/address _____

LICENSE NO: xxxxxx
EXPIRES ON: 8/31/2002
FEE DUE: \$75

IF THE RENEWAL NOTICE AND FEE IS RECEIVED AFTER **AUGUST 31, 2002**, YOU MUST INCLUDE A \$25.00 PENALTY.

Your license expires/becomes inactive on the date shown above. To renew, make any corrections above, complete the bottom section of this form and mail with the correct fee. *Make check payable to Landscape Contractors Board.* PLEASE DO NOT SEND CASH.

PLEASE COMPLETE THE FOLLOWING (do not enter your contractors license #):

- I am the owner of my own landscaping business – License No. _____(4-digit)
- I am currently employed by a landscaping business – License No. _____(4-digit)
- I am not currently employed by a licensed landscaping business and am not conducting my own landscaping business.

Your phone number _____ Date _____

Print your name _____

Signature _____

IF ADDRESS CHANGE IS NEEDED, PLEASE INDICATE CHANGES BELOW:

****HAVE YOU COMPLETED THE FORM?**
DID YOU ENTER THE BUSINESS LICENSE # IN THE APPROPRIATE AREA? DID YOU ENTER YOUR PHONE NUMBER AND SIGN YOUR NAME? INCOMPLETE/INCORRECT FORMS WILL BE RETURNED AND MAY BE SUBJECT TO A \$25 LATE FEE.