



**Oregon Landscape Contractors Board**  
 2111 Front St. NE, Ste 2-101  
 Salem, OR 97301  
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 Fx: (503) 967-6298  
 Web: [www.oregon.gov/lcb](http://www.oregon.gov/lcb)  
 Email: [lcb.info@lcb.oregon.gov](mailto:lcb.info@lcb.oregon.gov)

## LANDSCAPE CONSTRUCTION PROFESSIONAL EXAM & LICENSE APPLICATION

### APPLICATION TYPE & FEES (NON-REFUNDABLE)

CHECK ONLY ONE BELOW:

- Probationary \$160 application fee  
(No Experience Required)
- All Other Phase \$170 application fee

PLEASE CHECK HOW QUALIFYING: (select one)

- 1 Year Landscape Related (Modified only)
- 2 Years Landscape Related
- Horticulture Degree
- ISA Certified Arborist - please attach certificate
- Other \_\_\_\_\_

**Please be sure to submit the documentation for your qualifying experience/education (copy of transcripts, employment verification form, landscape maintenance form, or certificates, etc.) with this application.**

- I have enclosed a check or money order. Please make payable to the LCB.
- I am paying the application fee by credit card.  
 \_\_ Visa \_\_ Mastercard \_\_ Discover \_\_ American Express

\_\_\_\_\_ / \_\_\_\_\_  
 CREDIT CARD NUMBER EXP DATE CVV#

### APPLICANT INFORMATION

\_\_\_\_\_  
 FIRST NAME MIDDLE NAME LAST NAME

Applicants must apply using their legal first and last name as it appears on their US or Canadian government issued identification.

\_\_\_\_\_  
 MAILING ADDRESS

\_\_\_\_\_  
 CITY STATE ZIP COUNTY

\_\_\_\_\_  
 PHYSICAL ADDRESS (IF DIFFERENT)

\_\_\_\_\_  
 CITY STATE ZIP COUNTY

( ) \_\_\_\_\_  
 PHONE NUMBER

( ) \_\_\_\_\_  
 MOBILE PHONE NUMBER

\_\_\_\_\_  
 BIRTHDATE

\_\_\_\_\_  
 SOCIAL SECURITY NUMBER OR FEDERALLY-ISSUED ID NUMBER

\_\_\_\_\_  
 EMAIL ADDRESS

**BACKGROUND INFORMATION**

Have you previously applied for or been a licensed landscape construction professional in Oregon?

No  Yes

Are you a CCB (Construction Contractors Board) licensee?

No  Yes

Have you ever been convicted of any of the crimes listed in the table below?

No  Yes

If yes, check the appropriate box(es) and fill in the information below.

Felony	Date	State	County	Felony	Date	State	County
<input type="checkbox"/> Murder				<input type="checkbox"/> Robbery I			
<input type="checkbox"/> Assault I				<input type="checkbox"/> Theft I			
<input type="checkbox"/> Kidnapping				<input type="checkbox"/> Arson I			
<input type="checkbox"/> Sexual abuse				<input type="checkbox"/> Theft by extortion			
<input type="checkbox"/> Rape, sodomy or unlawful sexual penetration				If you are under supervision, list the name and contact number for your supervisor:			

Please provide a detailed explanation of the felony on a separate piece of paper and submit police reports, court reports, and all other pertinent documentation. Providing incomplete or inaccurate information may delay or stop approval. The LCB has the authority to check all applicants' criminal history.

**WORK HISTORY VERIFICATION**

If you are qualifying to sit for the exam based on landscape related employment or owner of a landscape maintenance business registered with the Secretary of State, please complete this section. **Two (2) years' landscape related experience within the last 10 years is required (only one (1) year experience required for a modified phase).** Indicate the dates of employment or dates registered with the Secretary of State and a description of the landscape related experience or job duties while employed.

Employment start date: \_\_\_\_\_ Still employed?  Yes  No If no, end date: \_\_\_\_\_

Please check below your landscape related experience while employed (check all that apply):

- Landscape Construction
- Landscape Maintenance
- Nursery Work

Please briefly describe work duties while employed:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
BUSINESS NAME ( ) \_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
NAME OF SUPERVISOR / OWNER \_\_\_\_\_  
EMAIL ADDRESS

Employment start date: \_\_\_\_\_ Still employed?  Yes  No If no, end date: \_\_\_\_\_

Please check below your landscape related experience while employed (check all that apply):

Landscape Construction

Landscape Maintenance

Nursery Work

Please briefly describe work duties while employed:

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\_\_\_\_\_  
BUSINESS NAME ( )  
PHONE NUMBER

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
NAME OF SUPERVISOR / OWNER EMAIL ADDRESS

### LANDSCAPE MAINTENANCE VERIFICATION

If you owned your own maintenance company, not registered with the Secretary of State, or are qualifying to sit for the exam based on landscape maintenance experience, **please document customers covering a 2-year period within the last 10 years (only one (1) year experience required for a modified phase)**. Please contact your customers and let them know that the LCB will be contacting them to verify your experience.

1. Name of customer \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Address \_\_\_\_\_

Date(s) of project/work \_\_\_\_\_  ongoing maintenance  one-time project

Description of work performed \_\_\_\_\_

2. Name of customer \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Address \_\_\_\_\_

Date(s) of project/work \_\_\_\_\_  ongoing maintenance  one-time project

Description of work performed \_\_\_\_\_

3. Name of customer \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Address \_\_\_\_\_

Date(s) of project/work \_\_\_\_\_  ongoing maintenance  one-time project

Description of work performed \_\_\_\_\_

**APPLICANT SIGNATURE**

I understand that I may practice landscape contracting only if I obtain a landscape contracting business license or if I am employed by a licensed landscape contracting business. I certify that the answers to all questions on this application are true and complete to the best of my knowledge.

**For applicants who obtain a modified phase:**

By my signature below, I certify that I do not hold a residential or commercial general construction contractors license issued by the Oregon Construction Contractors Board and if I obtain this license with the Oregon CCB that my LCP license may be suspended, revoked, or otherwise not renewed until I obtain another phase of license with the LCB or no longer hold a residential or commercial general construction contractors license with the Oregon CCB.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER**

I certify that I do not now have, nor have I ever had a social security number. I understand that if I obtain a social security number after submitting the application to the LCB that I am required to notify the LCB in writing of my social security number within 14 days of receiving the number. I also understand that if this statement is untrue it is grounds for revoking my Landscape Construction Professional license.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

As part of your application, you are required to provide your social security number or federal tax identification number (FIN) to the LCB. The authority for this requirement is ORS 305.385 and ORS 25.785. Failure to provide your social security number or FIN will be a basis to refuse to issue the license you seek. Although a number other than your social security number or FIN will appear on the face of the landscape construction professional license if issued by the LCB, your social security number or FIN will remain on file with the LCB. This record of your social security number or FIN will be used for child support enforcement, collection and tax administration purposes only, unless you authorize other uses of the number. The LCB will not give out nor sell nor otherwise make your social security number or FIN available to the public. The LCB follows the Oregon Consumer Identity Theft Protection Act (ORS 646A.600-646A.628).

**Note:** Submitting a fraudulent social security number is grounds for refusing to issue, suspension or revocation of the Landscape Construction Professional license.