



Licensing Division City of Bend  
(541) 388-5580 Ext. 8  
[licensing@bendoregon.gov](mailto:licensing@bendoregon.gov)  
710 NW Wall Street, Bend OR  
97703

This form is to be completed and submitted as part of your initial application or if you are requesting a change in your types of work, and/or personnel. *Download this form before completing fillable fields*, then upload with your application through the Online Permit Center at **Welcome | City of Bend - CityView Portal**.

## Business Experience | Work History | Change of Information

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1.) New application? ☐ Yes, skip down to steps 3, 4, and 5.

2.) Changing information? ☐ Yes, please update the applicable changes below, and complete sections 3, 4, and 5.

a. ☐ **Change of personnel** - must have a City of Bend Online Permit Center Portal Account to access account information online.

Add or remove	Name	Email	Do they have a portal account? Yes or no

b. ☐ **Change types of work** - Use the following list found on the website here **types of work**.

When filling out this form it is crucial to list only the types of work you or your company self-perform. Please refrain from including any work types that you subcontract to others. This ensures that your application accurately reflects the services you provide directly. Please include a separate piece of paper if you need additional space and check this box.  
☐ See additional paper attached.

Add or remove	Type of work

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**3.) What is the construction experience of all owners, officers, partners, and principal individuals in applicant's organization?**

Individual's name	Present position of office	Years of construction experience	Magnitude and type of work

**4.) Have owners, officers, partners, or principals held an ownership stake or worked as an officer, partner, or principal at another construction company in Bend within the past 5 years?** ☐ No ☐ Yes, fill out information provided below in sub section a.

a.) If yes, please list the different names(s) and locations in the following space provided. Please include a separate piece of paper if you need additional space and check this box. ☐ See additional paper attached.

Previous company	Address

**5.) Please list at least five previous projects demonstrating experience.**

Project name	Contact information. Name, phone number, and email (email optional).	Project amount and description of work performed

6.) Additional work history (optional):

Name	Title	Date
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**Accommodation Information for People with Disabilities** To obtain this information in an alternate format such as Braille, large print, electronic formats, etc. please contact the Licensing Division at [licensing@bendoregon.gov](mailto:licensing@bendoregon.gov) or (541) 388-5580 ext. 8; Relay Users Dial 7-1-1.



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