



IMPORTANT NOTICE REGARDING CONVICTIONS PLEASE READ CAREFULLY

Failure to accurately report a conviction is the number one reason an application is denied.

As part of the CSLB application process, you must be fingerprinted if you have not been fingerprinted by CSLB before.

Your fingerprints will be compared to the records of the California Department of Justice and the Federal Bureau of Investigation. **If you have ever been convicted of a crime**, your criminal history information will be reported to CSLB. This includes DUIs and other Vehicle Code violations resulting in a misdemeanor or felony conviction. Even if you have had your record expunged (charges reduced or dismissed), the past conviction will still be reported to CSLB.

If you have ever been convicted of a crime (felony or misdemeanor), you **MUST** answer "Yes" to the criminal conviction question on the application and provide a detailed explanation of the circumstances resulting in your conviction. To help ensure that you provide the required information, you should complete and submit the Disclosure Statement Regarding Criminal Plea/Conviction form that is available on CSLB's website.

Failure to do so is falsification of your application and is grounds for denial. This means you will be denied a license even if the conviction is not related to the duties or qualifications of a contractor. If your application is denied, you will be prevented from filing another application for a minimum of one year.

Just because you have been convicted of a crime does not automatically mean your application will be denied. When reviewing criminal convictions, CSLB considers factors such as the seriousness of the crime, the time that has passed since the conviction, and any evidence of rehabilitation the applicant submits.

However, if you lie on your application by failing to disclose any and all convictions, your application will be denied.



IMPORTANT NOTICE

Dear Applicant:

Enclosed is the application you requested from the Contractors State License Board (CSLB).

Please be aware that nearly half of all applications submitted to CSLB are incomplete and must be rejected!

You must complete your application in its entirety for it to be accepted by CSLB.

An incomplete application can needlessly delay you receiving your license. Delays can last several weeks or even months and possibly result in the application being voided and the application fee being forfeited.

Spending a few extra minutes now may save you weeks or months later!

Before you submit your application, follow these simple directions.

- **Sign the forms.**
- **Fill out all applicable information.**
- **Make sure you submit Certification of Work Experience forms that have been filled out completely, ensuring that you have provided four (4) years of applicable experience in the classification for which you are applying.**

Carefully read the General Information section that immediately precedes the application package and follow the specific instructions that are contained throughout the application package to help ensure that your application is complete.



APPLICATION FOR ORIGINAL CONTRACTOR'S LICENSE

General Information

Listed below is general information to assist you as you complete the attached application. Detailed instructions are provided throughout the application package. Please refer to the Contractors State License Board's (CSLB) publication *Blueprint for Becoming a Licensed Contractor* for more detailed information about the licensing process. To receive a copy of *Blueprint*, please contact CSLB or visit CSLB's website at <http://www.cslb.ca.gov/forms/blueprint.pdf>.

Do not submit this General Information section with your completed application – the actual application begins immediately following this section on Application – Page 1 of 3 and includes the *Certification of Work Experience* and the *Construction Project Experience Form*. Before you submit your application, please review and check off the following items.

- Enclose the nonrefundable \$250 application fee with your completed application.** CSLB cannot process your application without the fee made payable to the Registrar of Contractors. (The \$150 initial license fee should be submitted separately after you pass the examination.)
- Your application may be returned to you if it is insufficient or incomplete.** You must provide any missing information, make corrections, and resubmit your completed application to CSLB within **90 days** after the date that it was returned to you or your application will become void. You cannot reinstate a void application – you must submit a new application and \$250 application fee if you wish to pursue licensure.
- Complete the application and all accompanying forms legibly in black or dark blue ink or with a typewriter.** Forms completed in pencil will be returned to you. Please make sure that you and other appropriate individuals sign and date the forms where applicable.
- Full legal names are required.** You must provide the full legal name of all personnel. If an individual does not have a middle name, write "None" or "No middle name" in the space provided. If an individual has only an initial for his or her first or middle name, write "(Initial only)" after the initial.
- Leave no space blank.** If a particular question or request for information does not apply to you, put "n/a" in the blank space to indicate that the question has received your attention but that it is not applicable.
- You must provide a street address for both your business and residence. P.O. boxes are not acceptable for the street address.
- You must complete the personnel information requested in Section 4 on page 2 of the application for each individual who will be listed on the license. U.S. Social Security numbers are required for **all** applicants (see page 4 of this General Information section for information on the collection of Social Security numbers).

The symbol "#" is used interchangeably with the word "number" where space is limited on the application.

The terms "**qualifying individual**" and "**qualifier**" are used interchangeably. The qualifying individual is the person who meets the experience and examination requirements for the license and who is responsible for the employer's or principal's construction operations. A qualifying individual is required for every classification on every license issued by CSLB. The qualifying individual may or may not be the owner of the business. (See *Contractor's License Law & Reference Book, Ch. 1*; or *Blueprint for Becoming a Licensed Contractor*, Questions 49-53)

If you need additional copies of forms (e.g., *Certification of Work Experience*, Section 4 – Personnel Full Legal Names and Addresses), please make copies of the blank forms before you begin or visit CSLB's website (www.cslb.ca.gov) to print additional copies.

Please be aware that CSLB does not license Limited Liability Companies.

FINGERPRINT REQUIREMENT

All applicants for licensure are required to submit a full set of fingerprints for the purpose of conducting a criminal background check. Fingerprints will be compared to the records of the California Department of Justice and the Federal Bureau of Investigation to determine whether a criminal history exists. After an application has been accepted by CSLB as being complete (also known as "posted"), each individual listed on the application will be sent instructions on the process for obtaining and submitting fingerprints as required by law. For more information, please visit CSLB's website at <http://www.cslb.ca.gov/applicants/FingerprintQA.asp>.

Please detach this General Information section before submitting the completed application package to CSLB.

APPLICATION FOR ORIGINAL CONTRACTOR'S LICENSE

General Information

EXAMINATION ELIGIBILITY REQUIREMENTS

The qualifying individual for a contractor's license is required to pass the written Law and Business Examination and a specific trade examination if required, unless he or she meets the requirements for a waiver (see next page for information regarding examination waivers).

To be eligible to take an examination, the qualifying individual must have had, within the last 10 years, at least four (4) full years of experience in the classification for which he or she is applying. The experience must be at no less than a journeyman level, or as a foreman, supervisor, contractor, or owner/builder. A "journeyman" is defined as an experienced worker who is fully qualified (as opposed to a trainee, helper, laborer, assistant, apprentice, etc.) and is able to perform the trade without supervision; or a person who has completed an apprenticeship program. **Experience is documented on the *Certification of Work Experience* form** (see below).

CSLB may grant up to three years of credit toward the four-year requirement for completed education and/or apprenticeship programs. **Education/apprenticeship is documented in Section 6 of the application.**

CERTIFICATION OF WORK EXPERIENCE FORM

The *Certification of Work Experience* form must be completed by the qualifier and certified by a person who has **direct knowledge of the experience and time period listed**. The experience must be verifiable through payroll records or similar documents.

To assist you in completing Part 1 of the *Certification of Work Experience* form, the Description of Classifications document is available on CSLB's website at <http://www.cslb.ca.gov/forms/GClass.pdf>. This document may be used as a reference only – do not copy directly from the document when listing the specific trade duties you have performed or supervised in the classification for which you are applying.

The *Certification of Work Experience* form may not be required if the qualifier:

- has ever served as the qualifier on a license in the same classification for which he or she is applying; or
- has passed both the Law and Business Examination and the trade exam for the same classification within the last five years.

RE-EXAMINATIONS

If you are required to take an examination, subject to some limitations, you have 18 months after the approval of your application in which to achieve a passing grade on the exam. During that time period, you may take the exam an unlimited number of times. A \$50 fee is required each time you reschedule an exam. (*See Business and Professions Code Section 7074 for more detailed information on re-examinations.*)

TRANSLATOR FOR EXAMINATION

If you have difficulty understanding or reading the English language, CSLB may allow you to use a translator to read the examination for you. The translator you choose must be approved in advance by CSLB. If you would like to use a translator during your examination, please check the box near the bottom of Section 3 on page 1 of the application and information will be sent to you regarding the process.

REASONABLE ACCOMMODATIONS – THE AMERICANS WITH DISABILITIES ACT

In compliance with the Americans with Disabilities Act (ADA), CSLB provides reasonable accommodations for applicants with disabilities that may affect their ability take the required examinations. Applicants wishing to request reasonable accommodations pursuant to the ADA must complete the *Special Accommodation Request for Examination Form* (available on CSLB's website at <http://www.cslb.ca.gov/services/forms.asp#SPECIAL>) and submit it to CSLB with the appropriate supporting documentation. In order to make the necessary arrangements to accommodate candidate needs, the form and supporting documentation should be submitted as soon as possible.

BUSINESS ENTITY

Corporations must be registered with the Secretary of State and in good standing prior to being issued a contractor's license. The Secretary of State can be reached by calling (916) 653-2318 or by visiting their website at www.ss.ca.gov. Corporations must provide a current and active registration number on the application. All corporations must also provide the name(s) of their corporate officer(s): domestic corporations – president, secretary, and treasurer; foreign corporations – president only. Please be sure to write these titles in the space provided for the appropriate personnel in Sections 3 and 4 and be sure that they match those listed on the Secretary of State records.

Please detach this General Information section before submitting the completed application package to CSLB.

APPLICATION FOR ORIGINAL CONTRACTOR'S LICENSE

General Information

Partnerships must list their Federal Employer Identification Number (FEIN), which is available from the U.S. Internal Revenue Service (IRS). The IRS can be reached by calling (800) 829-1040. Personal Social Security numbers are **not** acceptable for the FEIN.

EXAMINATION WAIVERS

The examination is waived if the qualifying individual is currently, or has been in the last five years, actively engaged in the construction business and meets specific waiver requirements as mandated by law. (See *Business and Professions [B&P] Code Sections 7065.1-7065.4*)

If you are applying for a waiver of the examination, you should complete the *Application for Original Contractor's License – Examination Waiver (7065)*.

LIMITED PARTNERS

A Limited Partner is responsible for the business only in proportion to the amount of his or her financial interest; however, he or she does not participate in the daily operation of the business. If a member of the personnel is listed on the application as a Limited Partner, he or she cannot, in the future, be granted a waiver of the examination or a license continuance.

CONTRACTOR CLASSIFICATIONS

Listed below are the contractor license classifications. For a complete description of the classifications, refer to the Description of Classifications document available on CSLB's website at <http://www.cslb.ca.gov/forms/GClass.pdf>.

General Engineering	A	Limited Specialty (see below)	C-61
General Building.....	B	Lock and Security Equipment	C-28
Boiler, Hot Water Heating, and Steam Fitting	C-4	Low Voltage Systems.....	C-7
Building Moving and Demolition.....	C-21	Masonry	C-29
Cabinet, Millwork, and Finish Carpentry	C-6	Ornamental Metal.....	C-23
Ceramic and Mosaic Tile.....	C-54	Painting and Decorating.....	C-33
Concrete	C-8	Parking and Highway Improvement.....	C-32
Construction Zone Traffic Control	C-31	Pipeline	C-34
Drywall.....	C-9	Plumbing	C-36
Earthwork and Paving	C-12	Refrigeration.....	C-38
Electrical (General)	C-10	Roofing	C-39
Electrical Sign.....	C-45	Sanitation Systems	C-42
Elevator	C-11	Sheet Metal	C-43
Fencing.....	C-13	Solar	C-46
Fire Protection	C-16	Steel, Reinforcing.....	C-50
Flooring and Floor Covering.....	C-15	Steel, Structural.....	C-51
Framing and Rough Carpentry.....	C-5	Swimming Pool	C-53
General Manufactured Housing	C-47	Warm-Air Heating, Ventilation, and Air Conditioning .	C-20
Glazing	C-17	Water Conditioning.....	C-55
Insulation and Acoustical	C-2	Welding	C-60
Landscaping.....	C-27	Well-Drilling (Water).....	C-57
Lathing and Plastering	C-35		

The C-61 Limited Specialty classification is for contractors who specialize in work not listed above (for example, D-50 Suspended Ceilings) or who perform work that is a specialized part of an existing classification (for example, D-29 Paper Hanging). The Description of Classifications document contains a full listing of the subcategories of the C-61 classification.

BOND AND INSURANCE REQUIREMENTS

Please refer to CSLB's website (including *Blueprint for Becoming a Licensed Contractor*) for information on the bond and insurance requirements for licensure. For more detailed information on bonds, refer to *A Guide to Contractor License Bonds*, which can be viewed on CSLB's website at <http://www.cslb.ca.gov/forms/gbond.pdf>.

Please detach this General Information section before submitting the completed application package to CSLB.

APPLICATION FOR ORIGINAL CONTRACTOR'S LICENSE

General Information

REISSUANCE OR REASSIGNMENT OF LICENSE

If the qualifier has previously been licensed, it may be possible to have the previous license number reissued or reassigned. (See *B&P Code Section 7075.1 and Form 13A-1h*)

CONSTRUCTION MANAGEMENT EDUCATION ACCOUNT

A grant program was established in 1991 to provide funds for qualified public post-secondary schools that teach construction management. Applicants may voluntarily contribute to the account when paying the application fee or the license renewal fee. If you would like to make a voluntary contribution, please submit a separate check or money order made payable to CSLB/Construction Management Education Account, mark the box on the top portion of page 1 of the application, and write in the dollar amount in the space provided. (See *B&P Code Section 7139, Article 8.5*)

NOTICE ON COLLECTION OF SOCIAL SECURITY NUMBERS

With the exception of the driver license numbers, all information requested on the application is mandatory, including disclosure of Social Security numbers (SSN). Collection of the SSN is authorized by B&P Code Section 30 and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(C)). SSNs are used exclusively for the purpose of tax enforcement and/or compliance with any judgment or order for family support in accordance with Family Code Section 17520. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, and they may assess a \$100 penalty against you. The official responsible for the maintenance of this information is the Registrar of Contractors, Contractors State License Board. The information may be transferred to other state or government agencies. Individuals have the right to review files or records about them maintained by the agency, unless the records are identified as confidential information and exempted from the Information Practices Act, Section 1798.3.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

CSLB collects the personal information requested on the following forms as authorized by B&P Code Section 30 and California Code of Regulations (CCR) Section 816. CSLB uses this information to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation. Submission of the requested information is mandatory. CSLB cannot consider your application for licensure or renewal unless you provide all of the requested information. You may review the records maintained by CSLB that contain your personal information, as permitted by the Information Practices Act. CSLB makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act; to another government agency as required by state or federal law; or in response to a court or administrative order, a subpoena, or a search warrant. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Privacy Protection at 1625 North Market Blvd., Suite N324, Sacramento, CA 95834 or by e-mail to privacy@dca.ca.gov.

RESOURCES ON THE LICENSING PROCESS

CSLB has a variety of publications available to help you become a licensed contractor and to maintain your license. You can order free publications from CSLB's website (www.cslb.ca.gov), by writing to CSLB at the address listed below, or by calling the 24-hour automated phone system at (800) 321-CSLB (2752).

CSLB publications that can help you understand the licensing process include *Blueprint for Becoming a California Licensed Contractor*, *Description of Classifications*, *Building Your Career*, and *A Guide to Contractor License Bonds*. Please visit the website or call the toll-free phone number to find out how to order the current edition of the *California Contractors License Law & Reference Book*.

APPLICATION PROCESSING

When CSLB receives your application, an acknowledgement letter will be sent to you that explains how to check the status of your application online at www.cslb.ca.gov or by calling (800) 321-CSLB (2752) using the Application Fee Number and Personal Identification Number (PIN) provided in the acknowledgement letter. After an application has been accepted by CSLB as being complete (also known as "posted"), fingerprints packages will be sent as required by law. Please include your Application Fee Number in any correspondence. All correspondence should be sent to:

Contractors State License Board
9821 Business Park Drive
Sacramento, CA 95827-1703
Mailing Address: P.O. 26000, Sacramento, CA 95826-0026

Please detach this General Information section before submitting the completed application package to CSLB.



CONTRACTORS STATE LICENSE BOARD

9821 Business Park Drive, Sacramento, CA 95827
Mailing Address: P.O. Box 26000, Sacramento, CA 95826
800-321-CSLB (2752) www.cslb.ca.gov

STATE OF CALIFORNIA
Arnold Schwarzenegger, Governor

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Application for Original Contractor's License

Application Fees

Single classification.....\$250.

Initial license fee (to be paid after exam) ...\$150.

Total fees required for original license\$400.

Voluntary contribution to Construction
Management Education Account\$_____

The application fee for a single classification (\$250) is not refundable once the application has been filed.

Attach a money order or a personal, business, certified, or cashier's check made payable to the Registrar of Contractors. Do not send cash.

There is a \$10 service charge for each dishonored check.

Please type or print neatly and legibly in black or dark blue ink.

SECTION 1 – BUSINESS NAME AND ADDRESS

Business Name: The legal business name is the name that will appear on the license and is the actual name under which the contracting business will operate. The full business name must be provided.

Name Compatibility: The business name must be compatible with the license classification and the business entity. For example, it would not be acceptable for ABC123 Tile to apply for a B-General Building Contactor license, but it would be acceptable for ABC123 Construction to apply for a B license or for ABC123 Tile to apply for a C-54 Ceramic and Mosaic Tile license. In addition, it would not be acceptable for a sole ownership to use the words "partners" or "corporation" in its business name.

1. FULL NEW BUSINESS NAME		2. CLASSIFICATION REQUESTED (Only one classification may be requested on the original application if an exam is required.)		
3a. BUSINESS MAILING ADDRESS number/street or P.O. box		city	state	ZIP code
3b. BUSINESS STREET ADDRESS number/street only – NO P.O. boxes		city	state	ZIP code
3c. BUSINESS PHONE NUMBER ()	BUSINESS FAX NUMBER ()	BUSINESS E-MAIL ADDRESS		

SECTION 2 – BUSINESS ENTITY

California Corporation / Partnership: Corporations must provide a current and active registration number below. Please be sure to write the corporate titles (president, secretary, and treasurer) in the space provided for the appropriate personnel in Sections 3 and 4. Partnerships must list their Federal Employer Identification Number (FEIN) below (personal Social Security numbers are not acceptable). (See page 2 of the General Information section for more information.)

4. NEW BUSINESS WILL OPERATE AS A (check only one)

Sole Ownership Partnership – Federal Employer ID # _____ California Corporation # _____

SECTION 3 – QUALIFYING INDIVIDUAL FULL LEGAL NAME AND ADDRESS

Qualifying Individual (Qualifier): A qualifying individual is required for every classification on every license issued by CSLB. You must provide full legal names of all individuals. (See page 1 of the General Information section for more information.)

5a. QUALIFIER'S FULL LEGAL NAME last first middle		DATE OF BIRTH	SOCIAL SECURITY NUMBER	
5b. QUALIFIER'S EXISTING / PREVIOUS CSLB LICENSE NUMBER(S) (If none, enter N/A)		6. PERCENTAGE OF NEW BUSINESS OWNED BY THE QUALIFIER _____ %	DRIVER LICENSE NUMBER	
5c. RESIDENCE ADDRESS number/street only – NO P.O. boxes		city	state	ZIP code
7. TITLE OR POSITION (check only one) <input type="checkbox"/> Owner <input type="checkbox"/> Qualifying Partner <input type="checkbox"/> RME <input type="checkbox"/> RMO/Corporate Officer - Title(s) _____			RESIDENCE PHONE NUMBER ()	

8. THE EXAMINATIONS ARE ADMINISTERED IN ENGLISH. IF YOU WILL REQUIRE THE USE OF A TRANSLATOR, PLEASE CHECK THIS BOX.

I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and accurate, and that I have reviewed the entire contents of this application. (The definition of "perjury" is telling a lie while under oath.)

Date	Signature	Printed Name
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SECTION 4 – PERSONNEL FULL LEGAL NAMES AND ADDRESSES

The following must be completed by **all** individuals who will be listed on the license. You must provide **full legal names** of all individuals. Each individual must sign the certification under penalty of perjury. (*The definition of "perjury" is telling a lie while under oath.*)

9a. PERSONNEL FULL LEGAL NAME last first middle			DATE OF BIRTH	SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS number/street only – NO P.O. boxes			city	state	ZIP code
TITLE OR POSITION (check only one) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Corporate Officer - Title(s) _____			RESIDENCE PHONE NUMBER ()		
I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and accurate, and that I have reviewed the entire contents of this application.					
Date	Signature		Printed Name		

9b. PERSONNEL FULL LEGAL NAME last first middle			DATE OF BIRTH	SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS number/street only – NO P.O. boxes			city	state	ZIP code
TITLE OR POSITION (check only one) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Corporate Officer - Title(s) _____			RESIDENCE PHONE NUMBER ()		
I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and accurate, and that I have reviewed the entire contents of this application.					
Date	Signature		Printed Name		

9c. PERSONNEL FULL LEGAL NAME last first middle			DATE OF BIRTH	SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS number/street only – NO P.O. boxes			city	state	ZIP code
TITLE OR POSITION (check only one) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Corporate Officer - Title(s) _____			RESIDENCE PHONE NUMBER ()		
I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and accurate, and that I have reviewed the entire contents of this application.					
Date	Signature		Printed Name		

9d. PERSONNEL FULL LEGAL NAME last first middle			DATE OF BIRTH	SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS number/street only – NO P.O. boxes			city	state	ZIP code
TITLE OR POSITION (check only one) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Corporate Officer - Title(s) _____			RESIDENCE PHONE NUMBER ()		
I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and accurate, and that I have reviewed the entire contents of this application.					
Date	Signature		Printed Name		

(If additional space is needed, please make a copy of this blank page.)

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SECTION 5 – REQUIRED APPLICATION QUESTIONS

All questions in this section must be answered. Questions 10, 11, and 12 pertain to all individuals listed on this application (qualifying individual and all personnel listed in Section 4). If you checked Yes in response to any question, the person involved must attach a separate sheet with a detailed explanation for each situation.

10. **To the best of your knowledge, is anyone listed on this application (or any company the person was a part of, or any immediate family member of the applicant) named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against any bond or cash deposit pertaining to a construction project?** (*Immediate family is defined by B&P Code Section 7075.1 as a spouse, brother, sister, son, daughter, stepson, stepdaughter, grandson, granddaughter, son-in-law, or daughter-in-law.*) Yes No

If you checked Yes, you are required to attach a statement identifying all judgments (pending or on record), liens, past due unpaid bills, claims, or suits and a detailed explanation of the situation. Include the names and addresses of the parties involved. If the obligation was or is being discharged in bankruptcy, attach a copy of the bankruptcy filing and a copy of the creditors list.

11. **Has anyone listed on this application ever pleaded guilty or no contest to or been convicted by a court of any misdemeanor or felony in this state or elsewhere?** You are required to check Yes and provide all of the requested information even if the conviction was sealed or expunged under Penal Code Section 1203.4 or an applicable code of another state. Yes No
- If you checked Yes, you are required to attach a statement disclosing all pleas/convictions, including violated law sections, and thoroughly explain the acts or circumstances which resulted in the plea/conviction. In addition, the following must be included for each plea/conviction: date of the plea/conviction, county and state where the violation took place, name of the court, court case number, sentence imposed, jail/prison term served, terms and conditions of parole or probation, parole or probation completion dates, and parole agent/probation officer names and phone numbers. **You may submit the required information using the Disclosure Statement Regarding Criminal Plea/Conviction form that is available on CSLB's website.**

The information provided will be verified through CSLB's fingerprinting requirements. Failure to report a plea/conviction is considered falsification of your application and is grounds for denial of your application.

12. **To the best of your knowledge, has anyone on this application (or any company the person was a part of, or any immediate family member of the applicant) ever received a citation from the Contractors State License Board or had a contractor's license or other professional or vocational license denied, suspended, or revoked by this state or elsewhere?** (*Check No if the license was suspended due to lack of a bond, workers' compensation, a qualifier, or family support.*) Yes No

If you checked Yes, you are required to attach a statement detailing the events leading to this action.

13. (*This question must be answered by the qualifying individual.*) The Registrar of Contractors has determined that direct supervision and control includes any one or a combination of the following activities: supervising construction, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on construction job sites. **Will you as the qualifying individual perform one or more of these duties?** Yes No

14. (*This question must be answered only if the qualifying individual is a Responsible Managing Employee [RME].*) CCR Section 823 states that an RME must work at least 32 hours per week or 80% of the total operating hours per week for the entity for which he or she acts as the qualifier. **Will you as the Responsible Managing Employee meet the requirement of CCR Section 823 cited above?** Yes No

15. By law, all new businesses applying for a license must have more than \$2,500 operating capital. (B&P Code Section 7067.5) Operating capital is your current assets minus your current liabilities. **Does your operating capital exceed \$2,500?** Yes No

SECTION 6 – QUALIFYING INDIVIDUAL EDUCATION AND APPRENTICESHIP

16. HAVE YOU COMPLETED AN EDUCATIONAL OR APPRENTICESHIP PROGRAM? Yes No

IF YOU CHECKED YES,

YOU MAY BE GRANTED CREDIT FOR COMPLETED EDUCATION IF YOU:

- Submit a copy of your diploma for a four-year degree in a business or construction-related field; **OR**
- Submit transcripts for a two-year degree (or less), technical training (must include course hours and descriptions), and all other degrees. **Transcripts must be official and contained in a sealed envelope. (If you received your degree outside the United States, your transcripts must be translated and evaluated by an accredited evaluation service that does business within the United States.)**

YOU MAY BE GRANTED CREDIT FOR A COMPLETED APPRENTICESHIP PROGRAM IF YOU:

- Submit a copy of your apprenticeship certificate; **AND**
- Enter the beginning and ending dates of your completed apprenticeship program: From _____ to _____
(*The apprenticeship period cannot overlap the journeyman level experience period being certified.*)
Month/Day/Year Month/Day/Year

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CERTIFICATION OF WORK EXPERIENCE

General Information

- **This form must be filled in completely in order to document work experience or the application will be returned. You must type or print neatly and legibly in black or dark blue ink – pencil is not acceptable.**
- **Original signatures are required** – faxed, photocopied, or stamped signatures are not acceptable.
- All qualifying individuals and certifiers must be at least 18 years old.
- All *Certification of Work Experience* forms must be submitted with the application.
- The *Certification of Work Experience* form, when filed with an application, becomes the property of CSLB and is kept as a matter of record. **Make a copy of the completed and signed form for your records** – you may be asked to provide further documentation or testimony to verify your experience.
- If, within the last five (5) years, you have either qualified for or passed an examination in the classification for which you are now applying, you do not need to complete this form. Such applicants should complete the *Application for Original Contractor's License – Examination Waiver (7065)*. However, if you are applying for a waiver of the examination pursuant to B&P Code Sections 7065.1(b) or 7065.1(c), you do need to complete this form. (*Please refer to Blueprint for Becoming a Licensed Contractor for more information on exam waivers.*)
- **Anyone who knowingly obtains or offers false or forged documents to be filed, registered, or recorded in any public office in California is guilty of a felony. (Penal Code Section 115)**

PART 1 – QUALIFYING INDIVIDUAL NAME AND WORK EXPERIENCE

- **The qualifying individual must document at least four (4) full years of experience in the classification for which he or she is applying. The experience must have been obtained within the last 10 years.**
- **The qualifying individual's work experience must have been completed at the level of journeyman, foreman/supervisor, or contractor or as an owner/builder or self-employed individual, as defined below:**
 - A "journeyman" is an experienced worker who is fully qualified (as opposed to a trainee, helper, laborer, assistant, apprentice, etc.) and is able to perform the trade without supervision; or a person who has completed an apprenticeship program. (*CCR Section 825*)
 - A "foreman/supervisor" is a person who has the knowledge and skills of a journeyman and directly supervises construction projects.
 - A "contractor" is an individual who is currently a licensed California contractor, a former licensed California contractor, personnel of record on a California license, or an out-of-state licensed contractor. A contractor has the skills necessary to manage the daily activities of a construction business, including field supervision.
 - An "owner/builder" (a person who performs work solely on his or her own properties) or a "self-employed individual" must have the knowledge and skills of a journeyman as listed above and the skills necessary to manage the daily activities of a construction business, including field observation. Owner/builders must complete and submit the enclosed Construction Project Experience Form.
- The Description of Classifications document may be used as a reference only and is available on CSLB's website at <http://www.cslb.ca.gov/forms/GClass.pdf>. You should not copy directly from the document when listing the specific trade duties you have performed or supervised in the classification for which you are applying.

PART 2 – CERTIFICATION STATEMENT

- **The Certification Statement at the bottom of the form must be completed by a qualified, responsible person who is able to certify the work experience of the qualifier.** The certifier can be an employer, fellow employee, journeyman, union representative, contractor, business associate, or a client if the applicant is/was self-employed. This form will help CSLB determine whether the qualifier has the experience necessary to become a capable, qualified contractor.
- **The certifier must have direct knowledge of the qualifier's experience during the time period listed.** "Direct knowledge" means personal knowledge of the experience that does not depend on outside information or hearsay. The certifier must be able to certify that the qualifier demonstrated a level of knowledge and skills expected of a journeyman or better in the classification for which he or she is applying.
- **Any licensee whose signature appears on a falsified *Certification of Work Experience* form, or who otherwise certifies false or misleading experience claims submitted by an applicant to obtain a contractor's license, will be subject to disciplinary action. (B&P Code Section 7114.1)**



CONTRACTORS STATE LICENSE BOARD

9821 Business Park Drive, Sacramento, CA 95827
Mailing Address: P.O. Box 26000, Sacramento, CA 95826
800-321-CSLB (2752) www.cslb.ca.gov

STATE OF CALIFORNIA
Arnold Schwarzenegger, Governor

Certification of Work Experience

Please read the General Information section on the previous page before beginning.

The qualifying individual must complete the information in Part 1; the individual certifying the experience (certifier) must complete Part 2. The experience must be verifiable through payroll records or similar documents. If additional space is needed to list the trade duties, please attach a separate sheet.

Use a separate form for each employer. If you need additional forms, please make a copy of this blank form or visit CSLB's website.

Please type or print neatly and legibly in black or dark blue ink.

PART 1 – QUALIFYING INDIVIDUAL NAME AND WORK EXPERIENCE

The qualifying individual must complete Part 1 in its entirety.

1. QUALIFIER'S FULL LEGAL NAME last first middle

2. BUSINESS NAME OF EMPLOYER – OR, IF YOU WERE SELF EMPLOYED, LEAVE THIS SPACE BLANK AND CHECK THIS BOX (If you checked the box, skip line 3 and go to line 4.)

3. EMPLOYER'S BUSINESS STREET ADDRESS number/street only – NO P.O. boxes city state ZIP code

4. MY JOURNEYMAN LEVEL TIME-BASE WORKED WAS (check one):
 FULL-TIME } FROM _____ TO _____ = _____ YEARS and _____ MONTHS
 PART-TIME } Month/Day/Year Month/Day/Year
(Do not claim credit for full-time work if you worked only part-time. For example, if you worked half-time for six (6) years, you would write "3 years" in the space above.)

5. WAS THE EXPERIENCE OBTAINED WORKING ON YOUR OWN PROPERTY AS AN OWNER/BUILDER (see previous page for definition)? Yes No
IF YOU CHECKED YES, USE THE ENCLOSED CONSTRUCTION PROJECT EXPERIENCE FORM TO PROVIDE A LIST OF COMPLETED PROJECTS.

6. IN THE SPACE PROVIDED BELOW, LIST ALL SPECIFIC TRADE DUTIES YOU HAVE PERFORMED OR SUPERVISED IN THE CLASSIFICATION FOR WHICH YOU ARE APPLYING. PLEASE REFER TO THE DESCRIPTION OF CLASSIFICATIONS DOCUMENT FOR ASSISTANCE. (Do not list office work or individual project names.)

PART 2 – CERTIFICATION STATEMENT

The certifier must complete Part 2 in its entirety after the qualifying individual has completed Part 1.

My relationship to _____ is or was (check all that apply):

Name of Qualifying Individual (Applicant)

- Employer Fellow Employee Foreman/Supervisor Journeyman Business Associate
 Union Representative Contractor (License Number _____) Client (if qualifier was self-employed)

CERTIFIER'S STREET ADDRESS number/street only – NO P.O. boxes city state ZIP code

PHONE NUMBER () FAX NUMBER () E-MAIL ADDRESS

I certify that I have direct knowledge of the work covering the time period outlined in Part 1 above. I certify under penalty of perjury, under the laws of the State of California, that the information stated above is true and correct. (The definition of "perjury" is telling a lie while under oath.)

7. Date Signature Printed Name

Note: For information on the collection of personal information, please refer to the General Information section at the beginning of this application package, under the heading "Notice on Collection of Personal Information."

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Construction Project Experience Form

This form must be completed ONLY if the qualifying individual indicates on the Certification of Work Experience form that he or she obtained experience working on his or her own property as an owner/builder, or as otherwise requested by CSLB.

Use a separate form for each project. If you need additional forms, please make a copy of this blank form or visit CSLB's website.

Please type or print neatly and legibly in black or dark blue ink. Incomplete forms are not accepted.

1. QUALIFIER'S (OWNER/BUILDER) FULL LEGAL NAME last first middle PHONE NUMBER ()
2. PROJECT STREET ADDRESS number/street - NO P.O. boxes city state ZIP code
3. START DATE Month/Day/Year COMPLETION DATE Month/Day/Year TOTAL PROJECT TIME YEARS and MONTHS
4. TYPE OF PROJECT (For example, residential room addition)
5. TRADES PERFORMED (For example, framing, electrical)
6. PROJECT SIZE (square feet, linear feet, or cubic yards) Building Other
7. YOUR DUTIES AND WORK YOU PERFORMED (For example, prepared plans, obtained permits, installed all sheetrock, installed 4-ton HVAC unit)
8. YOUR POSITION LEVEL (For example, trainee, apprentice, journeyman, supervisor)
9. EXPLAIN HOW PAST EXPERIENCE, TRAINING, AND/OR EDUCATION PREPARED YOU FOR THE POSITION AT THE LEVEL STATED IN #8 ABOVE
10. SCOPE OF WORK (For example, placed 600 sf of mix & sod, installed 2500 sf of concrete tile roof, poured 12 yds of concrete drive, installed 20 linear ft of cabinetry)
11. NUMBER OF LABORERS AND THE TRADES THEY PERFORMED
12. NUMBER OF GENERAL CONTRACTORS OR SUBCONTRACTORS AND THE TRADES THEY PERFORMED
13. COST OF MATERIALS OR TOTAL COST OF PROJECT

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