

WILDFIRE VICTIMS: The \$12 Fee for Wall Certificate / Pocket License is being waived

Email your completed form to: classifications@cslb.ca.gov. For questions, call 800-962-1125 (M-F 8 a.m. - 5 p.m.) or send us an email.

FOR CSLB USE ONLY



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 | CheckTheLicenseFirst.com

STATE OF CALIFORNIA
Governor Gavin Newsom

Application to Change Contractor Business Name or Address (No Fee)

Order Wall Certificate or Pocket License (Fee Waived / Wildfire Victim)

Changing a Business Name: You may change the business name of your license if the new name does not indicate a change in business entity, the new name does not indicate that you qualify for a classification other than the one(s) in which you are currently licensed, and the new name does not indicate a personnel change.

Changing the Business Name of a Corporation or Limited Liability Company (LLC): Before the Contractors State License Board (CSLB) can change your corporate or LLC name, you must first change the corporate or LLC name with the Secretary of State's Office (SOS). If you are simply adding a "DBA" (for a fictitious business name) to the existing corporate or LLC name, you do not need to make any changes with SOS; but please be sure to check the box in section 3 to indicate that you are adding a DBA to an existing business name.

Changing an Address: Please be aware that the business mailing address (address of record) is made available to the public and is used for service of all official correspondence, notices, and orders from CSLB, such as renewal notices. The business street address is used only for CSLB's internal administrative purposes. You are required to notify the CSLB Registrar **within 90 days** of any change in address (Business and Professions Code [BPC] section 7083).

Ordering a Wall Certificate and/or Pocket License: You may order a wall certificate and/or pocket license only if your license is in good standing, currently renewed, and has no current suspensions on record. **The \$12 fee for each wall certificate and/or pocket license is being waived for wildfire victims.** Attach a money order or a personal, business, certified, or cashier's check made payable to the Registrar of Contractors. Do not send cash. Please be aware that there is a \$10 service charge for each dishonored check.

- Name change only:** Complete sections 1, 2, 3, 4 (if applicable), 10 (if applicable), and 11.
- Address change only:** Complete sections 1, 2, 5, 6, 7, 8, 9, 10 (if applicable), and 11.
- Name and address change:** Complete sections 1, 2, 3, 4 (if applicable), 5, 6, 7, 8, 9, 10 (if applicable), and 11.
- Certified wall certificate and/or pocket license card:** Complete sections 1, 2, 10, and 11.

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

ALL FORMS MUST BE DATED AND SIGNED IN SPACE PROVIDED BELOW.

1. EXISTING BUSINESS NAME (As it currently appears on CSLB records, including any DBAs)		2. LICENSE OR APPLICATION FEE NUMBER	
3. NEW BUSINESS NAME (Including any DBAs) <input type="checkbox"/> Check if name change is just to add a DBA to existing business name.		4. CORPORATE/LLC # (Corporations/LLCs ONLY)	
5. NEW BUSINESS MAILING ADDRESS (Number & Street or P.O. Box)		City	State
			ZIP Code
6. NEW BUSINESS STREET ADDRESS (Number & Street - NO P.O. Box or Private Mail Box)		City	State
			ZIP Code
7. BUSINESS PHONE NUMBER ()	8. BUSINESS FAX NUMBER ()	9. BUSINESS E-MAIL ADDRESS	
10. FOR WALL CERTIFICATE AND/OR POCKET LICENSE, INDICATE THE QUANTITY ORDERED			
WALL CERTIFICATE(S) _____		POCKET LICENSE(S) _____	
This certification must be completed and signed by a member of the personnel currently listed on CSLB records. A responsible managing employee (RME) cannot sign this form.			
I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made or provided by me in this application, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this application.			
11. DATE	SIGNATURE OF OWNER, QUALIFYING OR GENERAL PARTNER, OFFICER, MEMBER, OR MANAGER	PRINTED NAME OF OWNER, QUALIFYING OR GENERAL PARTNER, OFFICER, MEMBER, OR MANAGER	

NOTICE ON COLLECTION OF PERSONAL INFORMATION

CSLB collects the personal information requested on this form as authorized by BPC sections 136, 7083, and 7083.1. CSLB uses this information to change the name or address of your licensed business. Submission of the requested information is mandatory. CSLB cannot consider your application to change your business name or address unless you provide all of the requested information. You may review the records maintained by CSLB that contain your personal information, unless the records are identified as confidential information and exempted from disclosure by the Information Practices Act, including Civil Code section 1798.40. 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 as provided in Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. The Custodian of Records is responsible for maintaining the information on this form and may be contacted at the address and telephone number listed in the letterhead above for questions about this notice or access to records.



N A M E - A D D R - C H N G