



CONTRACTORS STATE LICENSE BOARD

STATE OF CALIFORNIA

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

Application to Change Business or Personnel Address (No Fee)

Changing an Address: You may use this form to change your business address or the address of any personnel on file with CSLB. Please be aware that the business mailing address (required 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 (Bus. & Prof. Code section 7083).

- Business Address change:** Complete sections 1, 2, 3, 4, 5, 6, 7, and 8.
- Personnel Address change:** Complete sections 1, 2, 9, 10, 11 and 12.

**Please type or print legibly in black or dark blue ink.
ALL FORMS MUST BE DATED AND SIGNED IN SPACE PROVIDED BELOW.**

BUSINESS ADDRESS CHANGE

1. BUSINESS NAME		2. LICENSE OR APPLICATION FEE NUMBER	
3. NEW BUSINESS MAILING ADDRESS (Number & Street or P.O. Box)		City	State ZIP Code
4. NEW BUSINESS STREET ADDRESS (Number & Street - NO P.O. Box or Private Mail Box)		City	State ZIP Code
5. BUSINESS PHONE NUMBER ()	6. BUSINESS FAX NUMBER ()	7. BUSINESS E-MAIL ADDRESS	
<p>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.</p> <p>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.</p>			
8. DATE	SIGNATURE OF OWNER, QUALIFYING OR GENERAL PARTNER, OFFICER, MEMBER, OR MANAGER	PRINT NAME	

PERSONNEL ADDRESS CHANGE

9. NAME	FIRST	MIDDLE	LAST	10. PHONE NUMBER ()
11. PERSONNEL NEW STREET ADDRESS (Number & Street - NO P.O. Box or Private Mail Box)				City State ZIP Code
<p>This certification must be completed and signed by a member of the personnel currently listed on CSLB records.</p> <p>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.</p>				
12. DATE	SIGNATURE OF PERSONNEL			PRINT NAME

NOTICE ON COLLECTION OF PERSONAL INFORMATION

CSLB collects the personal information requested on this form as authorized by BPC sections 136, 7080.5, 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 (Civil Code section 1798.40). CSLB makes every effort to protect the personal information you provide us; however, information 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. 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 your records.

