



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

License Cancellation Request

Licenses shall notify the Contractors State License Board (CSLB) within 90 days after any event that causes the cancellation of the license. If CSLB is not notified within 90 days, the license will be canceled on the date CSLB receives notification. A request for a continuance must be made in writing and received at the CSLB headquarters office within 90 days after the death/disassociation of personnel. See Business & Professions Code section 7076.

A Responsible Managing Employee or Limited Partner cannot submit or sign this form.

- To cancel an individual license: The owner's signature is required. If the owner is deceased, an immediate family member may complete the form. Please include a copy of the death certificate or obituary.
To cancel a partnership license: The signature of a general or qualifying partner is required.
To cancel a corporate or limited liability company license, the cancellation request must:
a) Be signed by two current officers/members/managers listed in CSLB records. (If there is only one current officer/member/manager listed in CSLB's records, only their signature is required.)
b) Provide a copy of the corporation's final dissolution, merger, or surrender filing documents completed by the California Secretary of State if there are no current officers/members/managers listed in CSLB records.
To cancel a joint venture license: The signature of an individual listed on one of the entities that comprise the joint venture license is required.

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

SECTION 1 - LICENSE INFORMATION - COMPLETE EACH AREA

Business Name (as it currently appears in CSLB records)

Form with fields: License Number to be Canceled, Effective Date of Cancellation, Business Mailing Address (number/street or P.O. Box), City, State, Zip Code, Physical / Street Address (if mailing address is a P.O. Box), City, State, Zip Code, Business Phone Number, Business Fax Number, Business Email Address.

SECTION 2 - SIGN AND DATE - COMPLETE EACH AREA

I/we certify under penalty of perjury under the laws of the State of California that the information above is true and correct and that I/we have reviewed the entire contents of this application.

FALSIFICATION OF ANY DOCUMENT IS GROUNDS FOR DISCIPLINARY ACTION.

Form with fields: Signature of Owner, General Partner, Qualifying Partner, or Officer/Member/Manager, Printed Name, Date.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

CSLB collects the personal information requested on this form as authorized by Business and Professions Code section 30 and California Code of Regulations 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 this License Cancellation Request 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; 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 more information about the Information Practices Act, visit the Privacy Enforcement and Protection Unit's website at www.privacy.ca.gov.

