



# CONTRACTORS STATE LICENSE BOARD

STATE OF CALIFORNIA  
www.cslb.ca.gov | CheckTheLicenseFirst.com

Northern California:  
Sacramento Intake & Mediation Center  
P.O. Box 269116, Sacramento, California 95826-9116  
(916) 843-6515

Southern California:  
Norwalk Intake & Mediation Center  
12501 East Imperial Highway, Suite 620, Norwalk, California 90650  
(562) 345-7530

## Building Department Referral Form

### REPORTING AGENCY

AGENCY NAME				CONTACT PERSON			
ADDRESS	number	street	city	county	state	ZIP code	
PHONE WHERE YOU CAN BE REACHED 8 am-5 pm:				EMAIL ADDRESS			

### CONTRACTOR INFORMATION

2. CONTRACTOR BUSINESS NAME			DBA		CONTRACTOR LICENSE NO. USED, IF ANY		
CONTRACTOR ADDRESS	number	street	city	state	ZIP code		
WHERE THERE EMPLOYEES PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, HOW MANY? _____			

### PROJECT INFORMATION

OWNER OF CONSTRUCTION SITE				PHONE:			
CONSTRUCTION SITE ADDRESS	number	street	city	state	ZIP code		
TYPE OF WORK							

### NATURE OF REFERRAL

- UNLICENSED ACTIVITY  
 CONTRACTING WITH AN INACTIVE, REVOKED, SUSPENDED OR EXPIRED LICENSE  
 NO WORKERS' COMPENSATION  
 BUILDING CODE VIOLATIONS  
 OTHER

DATE(S) OF OCCURRENCE(S): \_\_\_\_\_

### ADDITIONAL INFORMATION

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

**TO EXPEDITE CSLB'S INVESTIGATION, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE. ATTACH A BUSINESS CARD, COPY OF PERMIT APPLICATION, CITY BUSINESS LICENSE, ETC. RETURN THE COMPLETED FORM AND ATTACHMENTS TO THE NEAREST OFFICE OF THE CONTRACTORS STATE LICENSE BOARD.**

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

TYPE CNST	IN V	OR G	PRIORITY	DATE RECEIVED MM DD YYYY	SPECIAL PROJECT	DT STAT EXP MM DD YYYY	CSR INIT	ASSIGNED TO CSR MM DD YYYY	SI INIT	ASSIGNED TO SI MM DD YYYY
CLOSURE CODE	LETTER CODE	CLOSING LETTER SENT TO	DATE CLOSED MM DD YYYY	STP AMOUNT	STATUS CHANGE					
				\$	c	c	c	c	c	c
LICENSE NUMBER:				STP TYPE	DATE	DATE	DATE	DATE	DATE	DATE