



CONTRACTORS STATE LICENSE BOARD

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800-321-CSLB (2752)
www.cslb.ca.gov • CheckTheLicenseFirst.com

STATE OF CALIFORNIA
Governor Gavin Newsom

**REQUEST FOR WORKERS COMPENSATION INSURANCE CERTIFICATE ACCEPTANCE
BUSINESS AND PROFESSIONS CODE SECTION 7125.1**

If a licensee can show that failure to have a current Workers' Compensation Insurance Certificate on file was due to circumstances beyond his or her control, the CSLB can accept the certificate as of its effective date, even though it was not received by CSLB within 90 days of that date. CSLB can then reinstate the license, if otherwise eligible, retroactive to the certificate's effective date.

Section 7125.1. Time limit for acceptance of certificate

(a) The registrar shall accept a certificate required by Section 7125 as of the effective date shown on the certificate, if the certificate is received by the registrar within 90 days after that date, and shall reinstate the license to which the certificate pertains, if otherwise eligible, retroactive to the effective date of the certificate.

(b) Notwithstanding subdivision (a), the registrar shall accept the certificate as of the effective date shown on the certificate, even if the certificate is not received by the registrar within 90 days after that date, upon a showing by the licensee, on a form acceptable to the registrar, that the failure to have a certificate on file was due to circumstances beyond the control of the licensee. The registrar shall reinstate the license to which the certificate pertains, if otherwise eligible, retroactive to the effective date of the certificate.

I, _____ certify under penalty of perjury under the laws of
(Name of Owner, Partner or Officer)

the State of California that the failure to file Workers' Compensation Insurance Certificate policy number

_____ with the effective date of _____ for _____
(enter policy number) (month / day / year) (contractor's license #)

in the business name _____
(print business name as it currently appears on the records of CSLB)

was beyond my control because _____

(Use additional pages if necessary. Attach any supporting documentation.)

Signature of Owner / Partner / Officer

Print 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. 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 Request For Workers Compensation Insurance Certificate Acceptance form 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. This application contains an applicant authorization for the Franchise Tax Board to disclose to CSLB any outstanding final liabilities for the purpose of administering Business and Professions Code Section 7145.5. For more information on the Information Practices Act, visit the Office of Privacy Protection's website at www.privacy.ca.gov.

