Application to Replace the Qualifier

WE WANT TO PROCESS YOUR APPLICATION AS SOON AS POSSIBLE. YOU CAN HELP! PLEASE USE THE FOLLOWING INFORMATION CHECKLIST TO BE SURE YOUR APPLICATION FORM IS ACCURATELY COMPLETED BEFORE SUBMITTING IT.

- ☐ **$50** application fee must be submitted. We cannot process your application without it.
- ☐ **All areas** on the application **must be completed.**
- ☐ Existing license number must be listed.
- ☐ **All** classifications being replaced must be listed.
- ☐ License must be in good standing before the qualifier can be replaced.
- ☐ If a **PO or PMB Box** is listed for either the business or residence address, a **physical address must also be shown.**
- ☐ If the qualifying individual being replaced is a corporate officer, that will remain after being removed as the qualifier, you must specify **"to be disassociated as the qualifier only"** in section 8.
- ☐ If the new qualifier is an officer of the corporation, a corporate title must be shown in section 9.
- ☐ If you answered **"yes"** to questions **10-12** on page 2, you must provide a **complete explanation**.
- ☐ If the qualifying individual has not previously qualified a license, in the same classification being applied for, the Certification of Work Experience (page 3 of the application) must be completed by the applicant (qualifier) and certified by an individual who has direct knowledge of the experience listed. The experience must be verifiable through payroll records or similar documentation.

  The qualifying individual can disregard page 3 of the application if he/she is, or previously has been, listed as the qualifying individual for a license in the same classification being applied for or he/she has, within the immediately preceding 5 year period, passed both the Law and Business examination and the trade examination in the classification being applied for.
- ☐ If the new qualifier will be a *Responsible Managing Employee (RME),* you must have an existing Workers' Compensation Certificate of Insurance on file or submit a new one. **An Exemption from Workers Compensation is not acceptable when an RME is listed.**
- ☐ If the new qualifier will be a *Responsible Managing Employee (RME),* you must *submit a $7500 Bond of Qualifying Individual.*
- ☐ If the new qualifier will be a *Responsible Managing Officer (RMO)* that *owns less than **10%*** of the business, you must also *submit a $7500 Bond of Qualifying Individual.*

STATE OF CALIFORNIA-STATE AND CONSUMER SERVICES AGENCY

CONTRACTORS STATE LICENSE BOARD
9821 Business Park Drive, Sacramento, CA 95827-1703
Mailing Address: P.O. Box 26000, Sacramento, CA 95826
(916) 255-3900 or (800) 321-2752
Internet Address: www.cslb.ca.gov

APPLICATION FEE
GRANTED DATE

APPLICATION FOR REPLACING THE QUALIFYING INDIVIDUAL

APPLICATION FEE - $50

The $50 application fee is NOT REFUNDABLE once the application has been filed. By law, this fee is retained even if the application is rejected. Attach a money order, personal, business, certified or cashier's check payable to the Registrar of Contractors. DO NOT SEND CASH. There will be a $10 service charge for each dishonored check.

TYPE OR PRINT LEGIBLY

1. FULL NAME OF BUSINESS	2. LICENSE NUMBER	3. CLASSIFICATION(S) TO BE REPLACED

4a. MAILING ADDRESS (Number/Street or P.O. Box)	CITY	STATE	ZIP CODE

IF YOU HAVE LISTED A P.O. OR PMB BOX, A PHYSICAL ADDRESS IS REQUIRED. WITHOUT IT, YOUR APPLICATION WILL BE RETURNED.

4b. BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE

5. BUSINESS TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS

6. WHO WILL BE THE NEW QUALIFYING INDIVIDUAL?	7. PERCENTAGE (%) QUALIFIER OWNS OF THE BUSINESS

8. NAME OF QUALIFYING INDIVIDUAL WHO IS TO BE REPLACED AND THE EXACT DATE OF DISASSOCIATION.

If there is no disassociation until the approval of the new qualifier, check here. ☐

THE QUALIFYING INDIVIDUAL MUST PROVIDE THE FOLLOWING INFORMATION

A. NAME: Last	First	Full Middle Name	Date of Birth	Social Security No.	Driver License No.

RESIDENCE ADDRESS: Number/Street	City	State	Zip Code	Residence Telephone No.

TITLE OR POSITION (check one)	OFFICE USE ONLY
☐ Owner ☐ Qualifying Partner ☐ RME ☐ RMO _____ indicate corporate title(s)	

NOTE: All items of information requested (except driver license numbers) are mandatory. Disclosure of social security numbers is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(C)) authorizes collection of social security numbers. Social security numbers are used exclusively for tax enforcement purposes of compliance with any judgment or order for family support in accordance with Family Code Section 17520. If you fail to disclose a social security number, you will be reported to the Franchise Tax Board and they may assess a $100 penalty against you. The official responsible for the maintenance of this information is the Registrar of Contractors, Contractors State License Board. The information may be transferred to other state or governmental agencies. Individuals have the right to review the files on records maintained on them by the agency, unless the records are identified as confidential information and exempted by Section 1798.3 of the Information Practices Act.

THE FOLLOWING QUESTIONS PERTAIN TO THE INDIVIDUAL LISTED ON THIS APPLICATION. EACH QUESTION MUST BE ANSWERED. AFFIRMATIVE ANSWERS MUST BE EXPLAINED IN A DETAILED STATEMENT FROM THE MEMBER INVOLVED.

10. Is any person listed on this application, or any company with which any person listed on this application, associated with, named in or deemed responsible for any entered and unsatisfied judgments, liens, and/or claims against any bond or cash deposit held on behalf of any contractors, consumers, material suppliers, employees, or the state? yes ☐ no ☐

IF YOU ANSWERED YES: Write a detailed statement identifying the judgments (pending or on record), liens, any past due unpaid bills, claims, or suits and an explanation of the situation. Include the names and addresses of the parties involved. If the obligation was or is being discharged in bankruptcy, attach a copy of the bankruptcy filing and a copy of the creditors list.

11. Has any individual listed on this application ever been convicted of any offense(s), other than minor traffic violations, in this state or elsewhere? yes ☐ no ☐

IF YOU ANSWERED YES: Disclose all convictions, including the section(s) of the law(s) and thoroughly explain the acts or circumstances which resulted in the conviction(s). Be sure to include the date(s) of the conviction(s), county and state where the violation(s) took place, the name of the court, the court case number(s) and the sentence(s) imposed. Indicate any jail/prison terms served, as well as the terms and conditions of any applicable periods of parole or probation. List the date(s) on which parole or probation was, or will be completed and provide the name(s) and telephone number(s) of your probation officer(s) and/or parole agent(s). You are required to provide all of this information even if the conviction was sealed or expunged under Section 1203.4 of the Penal Code or applicable code of another state.

DO NOT ANSWER "YES" TO THE FOLLOWING QUESTION IF THE LICENSE WAS SUSPENDED FOR LACK OF BOND, WORKERS' COMPENSATION, QUALIFIER, OR FAMILY SUPPORT.

12. Has any person listed on this application (or any company the person was part of) ever received a citation issued by the Contractors State License Board or ever had a contractor's license or any other professional or vocational license denied, suspended, or revoked by this state or any other state or country? yes ☐ no ☐

IF YOU ANSWERED YES: Write a detailed statement explaining the events leading to this action.

THE FOLLOWING QUESTION MUST BE ANSWERED BY THE QUALIFYING INDIVIDUAL.

13. The Registrar of Contractors has determined that direct supervision and control includes any one or combination of the following activities: supervising construction, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on construction job sites.
Will the qualifying individual perform one or more of these duties? yes ☐ no ☐

IMPORTANT: To be answered only if license is to be qualified by a Responsible Managing Employee (RME).
Board Rule 823 states a Responsible Managing Employee must work at least 32 hours per week or 80% of the total operating hours per week for the entity which he/she is qualifying.
Will your responsible managing employee meet the requirement of Board Rule 823 cited above? yes ☐ no ☐

14. IMPORTANT: The following certification must be completed by the qualifying individual and applicant. PLEASE NOTE: If the qualifying individual is an RME, the form must also be signed by an officer, a partner or the owner.

On _____ **at** _____**, I/we certify under the penalty of perjury**
(date) (city, county, state)
under the law of the State of California that all statements, answers and representations in this application, including all supplementary statements attached hereto, are true and accurate, and that I/we have reviewed the entire contents of this application.

Signature of Qualifying Individual _____

Print Name _____

Signature of owner, partner, or corporate officer _____

Print Name _____

READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM BEFORE COMPLETING

- You must list a minimum of 4 years full time experience gained within the last 10 years. If requesting a waiver of the examination under B & P 7065.1(a) or 7065.1(b) or 7065.1(c), you must list a minimum of 5 years full time experience gained within 7 years immediately preceding the application. Self-employed (not needing or having a license) and owner/builder (working on his/her own property) experience will not be considered for a waiver of the examination.
- You must list each period of employment separately. Contact our office at (800) 321-2752, should additional forms be needed.
- Experience listed must have been performed and/or supervised at a journey level or above.
- Once you have listed your experience, your certifier (an individual who has direct knowledge of the work you performed and/or supervised) must complete the certification statement (below asterisks ********).

THE QUALIFYING INDIVIDUAL MUST COMPLETE THE FOLLOWING

Business Name of Employer — If you were self-employed check this box ☐ and do not list an employer's name.

Employer's Business Street Address — City — State — Zip Code

My time base worked was FULL TIME ☐ or PART TIME ☐ FROM / / TO / / (List the Month, Day & Year)

If you worked part time, use this formula to calculate the total: 6 years part time (50%) = to 3 years

During this employment I worked at journey level or above for a total of Years and Months

Was your experience gained working on your own properties as an owner/builder? ☐ YES (if yes, you must submit a list of completed projects) ☐ NO

Use the lines below to list specific trade duties **(NOT OFFICE WORK)** you have performed and/or supervised in the classification you are applying for *(DO NOT LIST INDIVIDUAL PROJECTS)*:

TO RECEIVE CREDIT FOR A COMPLETED APPRENTICESHIP PROGRAM:

- SUBMIT A COPY OF YOUR APPRENTICESHIP CERTIFICATE
- ENTER THE BEGINNING AND ENDING DATES OF YOUR COMPLETED APPRENTICESHIP PROGRAM: Beginning: ___/___/___ Ending: ___/___/___

TO RECEIVE CREDIT FOR EDUCATIONAL EXPERIENCE:

- SUBMIT A COPY OF YOUR DIPLOMA FOR A FOUR YEAR DEGREE IN A BUSINESS OR CONSTRUCTION RELATED FIELD, OR
- SUBMIT TRANSCRIPTS FOR A TWO YEAR DEGREE OR LESS (technical training transcripts must contain both course hours and description)
- TRANSCRIPTS MUST BE SUBMITTED FOR ALL OTHER DEGREES
  - ***IF YOU RECEIVED YOUR DEGREE OUTSIDE THE UNITED STATES, YOUR TRANSCRIPTS MUST BE EVALUATED BY AN ACCREDITED EVALUATION SERVICE THAT DOES BUSINESS WITHIN THE UNITED STATES.***

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THE FOLLOWING MUST BE COMPLETED BY YOUR CERTIFIER

CERTIFIER PLEASE NOTE: ***DO NOT COMPLETE THIS STATEMENT BEFORE THE ABOVE INFORMATION IS COMPLETED BY THE QUALIFIER***

My relationship to _____ (Name of Qualifier) is/was: fellow employee ☐ employer ☐ foreman/supervisor ☐ journey person ☐ business associate ☐ union representative ☐ contractor ☐ (license # _____) client ☐ (for self-employed)

My street address is _____ City _____ State _____ Zip Code _____

I certify that I have direct knowledge of the work outlined in the experience block shown directly above. I certify under penalty of perjury, under the laws of the State of California, that the information stated above is true and correct.

Signed _____ Print Name _____ Phone Number _____

Location/Date Document Signed: City _____ County _____ State _____ Date _____

TO PERSONS COMPLETING THE CERTIFICATION OF WORK EXPERIENCE FORM AND MANDATORY CERTIFICATION STATEMENT

- **All areas** on the Certificate of Work Experience **must be completed** to avoid having the application returned.

- The Certification of Work Experience Form must be **completed** in **ink** or **typewritten**. Pencil is unacceptable. Original signatures are required. Faxed, photocopied or signature stamped documents cannot be considered.

- All applicants and certifiers must be at least **18 years old.**

- An applicant must list a minimum of 4 years full time experience gained within the last 10 years, in the same classification being applied for. If requesting a waiver of the examination under B & P 7065.1(a), 7065(b) or 7065.1(c), an applicant must list a minimum of 5 years full time experience gained within 7 years immediately preceding the application, in the same classification being applied for.

- The work must have been completed at the level of a journey person, foreman/supervisor, contractor, owner/builder, or self-employed individual.
  - A journey person is an experienced worker who is fully qualified as opposed to a trainee, and is able to perform the trade without supervision; or one who has completed an apprenticeship program. (Board Rule 825)
  - A foreman/supervisor is a person who has the knowledge and skill of a journey person and directly supervises the physical construction.
  - A contractor is an individual who is a currently licensed California contractor, a former licensed California contractor, personnel of record on a California license or an out of state contractor (if a license is required in the state in which one is contracting). A contractor is a person who has the skills necessary to manage the daily activities of a construction business, including a field supervision.
  - An owner/builder or self-employed individual must have the skills necessary to manage the daily activities of a construction business, including field supervision.

- ***EXAMINATION CREDITS FOR ADDITIONAL EXPERIENCE:*** If you are applying for credit for experience **all** Certification of Work Experience Forms **must** be submitted with the application (see Board Rule 829 in the Contractors License Law Book). Once the application is accepted, additional experience cannot be submitted for exam credits.

- The mandatory certification statement must be completed by a qualified and responsible person, that is, by an employer, fellow employee, journey person, union representative, contractor, business associate, or client, if self employed.

- The individual completing the certification statement must have **DIRECT KNOWLEDGE** of the applicant's experience. **Direct Knowledge is:** a personal knowledge of the truth with respect to a particular fact, and which does not depend on outside information or hearsay. You must be able to certify that the applicant demonstrated a level of knowledge and skill expected of a journey person or better in the classification for which application is being made.

- ***IMPORTANT!*** When filed with an application, the Certificate of Work Experience Form becomes the property of the Contractors State License Board and is kept as a matter of record. It is suggested that you keep a copy of the completed and signed document for your records. You may be requested to provide documentation or testimony to verify all experience to which you are attesting.

- ***ANY LICENSEE WHOSE SIGNATURE APPEARS ON A FALSIFIED CERTIFICATION OF WORK EXPERIENCE FORM, OR OTHERWISE CERTIFYING TO FALSE OR MISLEADING EXPERIENCE CLAIMS BY AN APPLICANT WHICH HAVE BEEN SUBMITTED TO OBTAIN A CONTRACTOR'S LICENSE, SHALL BE SUBJECT TO DISCIPLINARY ACTION. (Section 7114.1 of the Business and Professions Code)***

- ***EVERY PERSON WHO KNOWINGLY PROCURES OR OFFERS ANY FALSE OR FORGED INSTRUMENT TO BE FILED, REGISTERED, OR RECORDED IN ANY PUBLIC OFFICE, WITHIN THIS STATE, WHICH INSTRUMENT, IF GENUINE, MIGHT BE FILED, OR REGISTERED, OR RECORDED UNDER ANY LAW OF THIS STATE OR OF THE UNITED STATES, IS GUILTY OF A FELONY. (Section 115 of the Penal Code)***

YOUR COOPERATION IS EARNESTLY SOLICITED SO THAT THE CONTRACTORS STATE LICENSE BOARD CAN DETERMINE WHETHER THIS APPLICANT HAS HAD THE EXPERIENCE NECESSARY TO BECOME A CAPABLE AND QUALIFIED CONTRACTOR.

OSP 00 46927

LIST OF CLASSIFICATIONS OF CONTRACTORS

General Engineering Contractor	A
General Building Contractor	B
Boiler, Hot-Water Heating and Steam Fitting	C-4
Building Moving/Demolition	C-21
Carpentry, Cabinet and Millwork	C-5
Concrete	C-8
Construction Zone Traffic Control	C-31
Drywall	C-9
Earthwork and Paving	C-12
Electrical	C-10
Electrical Sign	C-45
Elevator	C-11
Fencing	C-13
Fire Protection	C-16
Flooring and Floor Covering	C-15
General Manufactured Housing	C-47
Glazing	C-17
Insulation and Acoustical	C-2
Landscaping	C-27
Lathing and Plastering	C-35
Lock and Security Equipment	C-28
Low Voltage Systems	C-7
Masonry	C-29
Ornamental Metal	C-23
Parking and Highway Improvement	C-32
Painting and Decorating	C-33
Pipeline	C-34
Plumbing	C-36
Refrigeration	C-38
Reinforcing Steel	C-50
Roofing	C-39
Sanitation Systems	C-42
Sheet Metal	C-43
Solar	C-46
Structural Steel	C-51
Swimming Pool	C-53
Tile (Ceramic & Mosaic)	C-54
Warm Air Heating, Ventilating and Air-Conditioning	C-20
Water Conditioning	C-55
Welding	C-60
Well Drilling	C-57
Limited Specialty*	C-61

*C-61, Limited Specialty, is for a specialty contractor whose operations as such are the performance of construction work requiring a special skill not included in the other specialty classifications or only a part of a specialty classification.

Should you have any questions or need assistance, please contact our office at (800) 321-2752 or use our website at www.cslb.ca.gov.