

**CONTRACTORS STATE LICENSE BOARD**

STATE OF CALIFORNIA

9821 Business Park Drive, Sacramento, California 95827  
Mailing Address: P.O. Box 26000, Sacramento, CA 95826  
800-321-CSLB (2752)  
[www.cslb.ca.gov](http://www.cslb.ca.gov) • [CheckTheLicenseFirst.com](http://CheckTheLicenseFirst.com)

**NOTIFICATION OF PERSONNEL NAME CHANGE**

This form cannot be used to change any information other than personnel names.

Business & Professions Code Section 7083  
Notification by licensee of changes in recorded information.

**SECTION 1 – Complete each area:**

Former First Name	Former Middle Name	Former Last Name
New First Name	New Middle Name	New Last Name
CSLB License Number	Date of Birth (MM/DD/YYYY)	Phone Number
Email Address		

**SECTION 2 – Supporting Documentation:**

One of the following photocopied documents **MUST** be enclosed:

- ☐ Marriage Certificate
- ☐ Divorce Decree
- ☐ Court Decree

☐ Other (document(s) must show original name and current legal name): \_\_\_\_\_

**SECTION 3 – This certification must be completed by the licensee:****FALSIFICATION OF ANY DOCUMENT IS GROUNDS FOR DISCIPLINARY ACTION.**

I certify under penalty of perjury under the laws of the State of California that the information provided above is true and correct.

Date	Signature	Printed Name
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