



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.csfb.ca.gov • 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:		
<input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Court Decree <input type="checkbox"/> 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



P E R S - N M - C H N G I

13L-32 (rev. 11/2025)