

APPLICATION FOR ORIGINAL CONTRACTOR LICENSE

General Information and Instructions *(continued)*

Immigration Status Expedites (Question 20)

CSLB will expedite the licensure process for an applicant who immigrated to the United States of America in certain circumstances. Please check the “yes” box to question 20 on this application if:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

If you selected YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays. Acceptable evidence includes:

- Form I-94, Arrival/Departure Record, with an admission class code such as “RE” (Refugee) or “AY” (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes “SI” or “SQ.”
- Permanent Resident Card (Form I-551), commonly known as a “Green Card,” with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

MISCELLANEOUS INFORMATION

Experience and Examination Information

Applicants for licensure must meet specific experience and examination requirements, as explained below. Waivers of the trade examination may be granted under certain circumstances, as indicated on the next page. **If you qualify for exam waiver or exemption, do not use this application** – please instead use the Application for Original Contractor License – Waiver (7065) (form 13A-1A).

Experience Requirements

To be eligible for licensure, the qualifying individual must have had, within the last 10 years, at least four (4) years of experience in the classification for which they are applying. The experience must be at no less than a journeyman level, or as a foreman, supervising employee, contractor, or owner-builder. A “journeyman” is defined as 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. **Experience is documented on the Certification of Work Experience form.** (T16 CCR section 825)

Examination Eligibility Requirements

The qualifying individual for a contractor license is required to pass the written Law and Business Examination and a specific trade examination if required (*BPC section 7065*) unless they meet the requirements for a waiver (*see next page for information regarding examination waivers*). Official CSLB examination study guides are available free of charge on CSLB’s website under the Applicants tab and are mailed to applicants when they are scheduled for exams. These study guides are available in English and Spanish.

Re-Examination

If you are required to take an examination, subject to some limitations, you have 18 months after the approval of your application in which to achieve a passing score on the exam(s). During that time, you may take the exam(s) as many times as needed within retesting guidelines. A \$100 fee is required each time you reschedule an exam. (*See BPC section 7074 for more detailed information on re-examinations.*)

Please detach this General Information and Instructions portion before submitting the completed application package to CSLB.

APPLICATION FOR ORIGINAL CONTRACTOR LICENSE

General Information and Instructions *(continued)*

Reasonable Accommodation – The Americans with Disabilities Act

In compliance with the Americans with Disabilities Act (ADA), CSLB provides reasonable accommodation for applicants with disabilities that may affect their ability to take the required examinations. Applicants wishing to request reasonable accommodation pursuant to the ADA must complete the Special Accommodation Request for Examination form (available on the Forms and Applications page on CSLB's website) and submit it to CSLB with the appropriate supporting documentation. In order to make the necessary arrangements to accommodate candidate needs, the form and supporting documentation should be submitted as soon as possible.

Examination Waivers and Exemptions

The examination may be waived if the qualifying individual is currently or has been in the last five (5) years, actively engaged in the construction business and meets specific waiver requirements as mandated by law, or has been actively licensed in good standing or has passed the required exams in the classification for which they are applying. (See *BPC sections 7065 – 7065.4 for a complete list.*) If you are applying for licensure based on waiver or exemption from the trade and Law and Business exams, you should complete the Application for Original Contractor License – Examination Waiver (7065) instead of this application.

In addition, the trade examination may be waived if the qualifier meets the requirements for reciprocity, please see CSLB's website (www.cslb.ca.gov) for more information. If you are licensed in a state and classification recognized by the Board, please have the licensing agency from your state complete a "License Verification Request" form and submit it with this application. The Law and Business Examination will still be required if the applicant has not passed that examination within the last five (5) years. (See CSLB's website for more information on reciprocity on the Applicants page.)

Random Application and Experience Review

By law, CSLB must randomly review three percent (3%) of applications, including the experience claimed on Certifications of Work Experience forms that must be verifiable through payroll records or similar documents. In the event that your application is selected for review, please see CSLB's website for the listing of Acceptable Supporting Experience Documentation (*located at CSLB's website on the Applicants page*) that may be submitted to CSLB to support claimed experience. In addition, CSLB staff may contact the certifier of experience or other parties to verify experience. (*BPC section 7068 and T16 CCR 824*)

C-22 Asbestos Abatement Contractor License

The C-22 – Asbestos Abatement contractor performs abatement, including containment, encapsulation, or removal, and disposal of asbestos containing construction materials, as defined in Section 6501.8 of the Labor Code, in and on buildings and structures. All work performed and all documentation prepared by an asbestos abatement contractor shall be done in accordance with DOSH regulations and requirements.

The Board shall not issue an asbestos abatement contractor license unless the applicant or contractor is duly registered with DOSH pursuant to Section 6501.5 of the Labor Code or has an active application for registration in process with DOSH. All holders of the C-22 – Asbestos Abatement classification shall have completed DOSH registration training requirements, as contained in Section 1529 of Title 8 of the California Code of Regulations.

You may wish to contact DOSH prior to applying for the asbestos certification or the C-22 – Asbestos Abatement classification to be sure that you understand their requirements for registration since DOSH registration is required in order to perform asbestos-related work. DOSH's Asbestos Contractors' Registration Unit (ACRU) can be reached at (916) 574-2993 or ACRU@dir.ca.gov, or you can visit their website at <http://www.dir.ca.gov/dosh/ACRU/ACRUhome.htm>.

C-47 General Manufactured Housing Contractor License

Prior to obtaining a C-47 – General Manufactured Housing contractor classification, applicants must complete a federally approved initial installer training. Along with your application, please submit a "Certificate of Completion of Training" from a qualified trainer approved by the [U.S. Department of Housing and Urban Development \(HUD\)](http://www.hud.gov). The license applicant is responsible for ensuring the training program is approved by HUD. Existing C-47 license holders are exempt from the requirement.

Please detach this General Information and Instructions portion before submitting the completed application package to CSLB.

APPLICATION FOR ORIGINAL CONTRACTOR LICENSE

General Information and Instructions *(continued)*

Bond, Insurance, and Other Licensure Requirements

All contractors must meet specified bond, insurance, and other requirements for licensure with CSLB, as indicated below. Failure to maintain a required bond or insurance may result in the suspension of the license. For information on bonds, see *A Guide to Contractor License Bonds*, available on CSLB website under the Resources tab and then choose CSLB Publications. Bonds may be submitted to CSLB electronically by the issuing surety company.

Contractor's Bond

All contractors must have a \$25,000 contractor's bond on file with CSLB. *(BPC section 7071.6)*

Bond of Qualifying Individual

An **additional** \$25,000 qualifying individual's bond must be filed for **all** contractors that are qualified by an RME, or under certain other circumstances for corporate and LLC contractors when the qualifying individual (RMO, responsible managing manager, or responsible managing member) holds less than 10 percent of the voting stock of the corporation or membership interest in the LLC. *(BPC section 7071.9)*

LLC Employee/Worker Bond

All LLC licenses are required to have an **additional** \$100,000 employee/worker bond on file with CSLB for the benefit of workers employed by or contracted to work for an LLC. *(BPC section 7071.6.5)*

Disciplinary Bond

A license that has been disciplined may be required to have an **additional** disciplinary bond on file with CSLB in an amount fixed by the Registrar at not less than \$25,000 or more than \$250,000. *(BPC section 7071.8)*

Workers' Compensation Insurance

Workers' compensation is required when a contractor has employees, including an RME and/or home improvement salespersons. It is also required for all contractors applying for the C-8 Concrete, C-20 Warm-Air Heating, Ventilating, and Air Conditioning, C-22 Asbestos Abatement, C-39 Roofing, and C-61/D-49 Tree Service classifications, whether or not they have any employees. The Certificate of Insurance must be issued in the business name shown on this application. Contractors that have no employees and are not otherwise required to have workers' compensation insurance must complete the Exemption from Workers' Compensation form, available on CSLB website's Forms and Applications page. *(BPC section 7125)*

LLC Liability Insurance

All LLC licenses are required to have liability insurance in an amount that is not less than one million dollars (\$1,000,000) or more than five million dollars (\$5,000,000). The amount is determined based on the number of personnel of record on the license. For five (5) or fewer personnel, the amount is not less than \$1 million. For each additional member of the personnel, the amount increases \$100,000, up to a maximum of \$5 million. For example, an LLC that has eight (8) personnel would be required to carry a \$1,300,000 liability insurance policy. *(BPC section 7071.19)*

Asbestos Open Book Examination

All qualifiers who have not yet completed one must complete the Asbestos Open Book Examination, which can be found on CSLB's website at www.cslb.ca.gov. *(BPC section 7058.5)* Completion of this required exam does not authorize the licensee to remove asbestos.

Reissuance or Reassignment of License Number

If the qualifier has previously been licensed, it may be possible to have the previous license number reissued or reassigned under certain circumstances. Sole owner numbers may be reissued to corporations or LLCs, and corporate license numbers may be reissued to LLCs. To request the reissuance of a license number, the applicant must complete and submit with their application the Request for License Number Reissuance form (13A-1h), available on the Forms and Applications page on CSLB's website. *(BPC section 7075.1)*

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APPLICATION FOR ORIGINAL CONTRACTOR LICENSE

General Information and Instructions *(continued)*

Construction Management Education Account

A grant program was established in 1991 to provide funds for qualified public post-secondary schools that teach construction management. Applicants may voluntarily contribute to the account when paying the application fee or the license renewal fee. If you would like to make a voluntary contribution, please mark the box on the top portion of Page 1 of the application, write in the dollar amount in the space provided, and include that dollar amount in the total amount paid with your application, or submit a separate check or money order made payable to CSLB/Construction Management Education Account. (See *BPC sections 7139.2 and 7139.4.*)

Collection of Social Security Numbers, Individual Taxpayer Identification Numbers, and Federal Employer Identification Numbers

With the exception of the driver license number, all information requested on the application is mandatory, including disclosure of U.S. Social Security numbers (SSN), individual taxpayer identification numbers (ITIN), and federal employer identification numbers (FEIN). Collection of the SSN, ITIN, and FEIN is authorized by BPC sections 30, 31, and 7145.5. SSNs, ITINs, and FEINs are used exclusively for the purpose of tax enforcement, compliance with any judgment or order for family support in accordance with Family Code section 17520, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, and investigation of tax evasion and violations of cash-pay reporting laws as set forth in Section 329 of the Unemployment Insurance Code. If you fail to disclose your SSN, ITIN, or FEIN, your application will not be processed, and you will be reported to the Franchise Tax Board; they may assess a \$100 penalty against you.

Collection of Personal Information

CSLB collects the personal information requested on the following form as authorized by BPC sections 30, 31, 114.5, 115.5, 141, 480, 7066, 7069, 7072, 7073, and 7145.5 and T16 CCR section 816. 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 your application for licensure unless you provide all of the requested information. You may review the records maintained by CSLB that contain your personal information, unless the records are identified as confidential information and exempted from disclosure by the Information Practices Act, including Civil Code section 1798.40. 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 as provided in Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. The Custodian of Records is responsible for maintaining the information on this form and may be contacted at the address and telephone number listed in the letterhead at the top of this General Information and Instructions portion for questions about this notice or access to records.

Resources on the Licensing Process

CSLB has a variety of publications available to help you become a licensed contractor and to maintain your license. You can order free publications from or view documents on CSLB's website (www.cslb.ca.gov), by writing to CSLB at the address listed below, or by calling the 24-hour automated phone system at (800) 321-CSLB (2752). Please visit CSLB's website or call the toll-free phone number to find out how to order the current edition of the *California Contractors License Law & Reference Book* or other publications.

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APPLICATION FOR ORIGINAL CONTRACTOR LICENSE

General Information and Instructions *(continued)*

Application Processing – Follow Your Application Status Online

When CSLB receives your application, an acknowledgement letter will be sent to you that explains how to check the status of your application online at www.cslb.ca.gov or by calling (800) 321-CSLB (2752) using the Application Fee Number and Personal Identification Number (PIN) provided in the acknowledgement letter.

Please include your Application Fee Number in any correspondence. All correspondence should be sent to:

Contractors State License Board
9821 Business Park Drive
Sacramento, CA 95827-1703
Mailing Address: P.O. Box 26000, Sacramento, CA 95826-0026

CERTIFICATION OF WORK EXPERIENCE FORM

Following the application in this packet, you will find the **Certification of Work Experience form that must be completed by the qualifying individual on the application and certified by a qualified and responsible person who has direct knowledge of the experience and time period listed.** The experience must be verifiable through payroll records or similar documents. **Corrections on the certification forms must be initialed by the certifier. Forms containing strikeouts or modifications that may compromise the validity of the work experience certification may not be accepted.**

To assist the certifier in completing Part 2 of the Certification of Work Experience form, a listing of the License Classifications is available through a link on the Applicants page of CSLB's website. This document may be used as a reference when listing the specific trade duties that the qualifier has performed or supervised in the classification for which they are applying.

The Certification of Work Experience form may not be required if the qualifier has ever served as the qualifier on a license in the same classification for which they are currently applying.

OWNER-BUILDER B-GENERAL BUILDING CONSTRUCTION PROJECT EXPERIENCE FORM

Pursuant to BPC section 7044, owners who build or improve structures on their own property are exempt from the licensure laws for contractors under certain circumstances. **The Owner-Builder B-General Building Construction Project Experience form must be completed by the qualifier on the application if they are claiming experience as an owner-builder working on projects on their own property.** The experience must be verifiable through building permits, final inspections, or similar documents. Please see CSLB's website for the listing of Acceptable Supporting Experience Documentation (*located at CSLB's website on the Applicants page*) that may be submitted to CSLB to support claimed experience. (*BPC section 7068 and T16 CCR section 824*) A separate form is required for each project on the owner-builder's property.

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Application for Original Contractor License

Application Fees

- Single classification application..... \$450
Initial license fee (sole owner) * \$200
Initial license fee (non-sole owner) * \$350
Total fees required (sole owner) \$650
Total fees required (non-sole owner)\$800
Initial license fee to be paid after exams

* Military Veterans see question #18

The application fee for a single classification (\$450) is not refundable once the application has been filed.

Attach a money order or a personal, business, certified, or cashier's check made payable to the Registrar of Contractors. Do not send cash.

There is a \$25 service charge for each dishonored check.

Voluntary contribution to Construction Management Education Account..... \$_____

Please type or print neatly and legibly in black or dark blue ink.

SECTION 1 - BUSINESS NAME AND ADDRESS

Business Name: The legal business name will appear on the license and is the actual name under which the contracting business will operate. The full business name must be provided. The business name must not be misleading in relation to the classification(s) issued for that license and must be compatible with the type of business entity licensed. Please refer to the General Information and Instructions for information on business name styles.

1. FULL NEW BUSINESS NAME
2. CLASSIFICATION REQUESTED (Only one classification may be requested on the original application if an exam is required.)
3a. BUSINESS MAILING ADDRESS Number/Street or P.O. Box City State ZIP Code
3b. BUSINESS STREET ADDRESS Number/Street Only - NO P.O. Boxes or PMBs City State ZIP Code
3c. BUSINESS PHONE NUMBER BUSINESS FAX NUMBER BUSINESS EMAIL ADDRESS

SECTION 2 - BUSINESS ENTITY

Corporations must provide a current and active California Secretary of State corporate registration number below. Please be sure to write the corporate titles (president, secretary, and treasurer) in the space provided for the appropriate personnel in Sections 3 and 4. Partnerships must list their federal employer identification number (FEIN) below (personal Social Security numbers and individual taxpayer identification numbers [ITIN] are not acceptable). Limited liability companies (LLC) must provide a current and active California Secretary of State registration number below. If this LLC has officers, please be sure to write the titles (president, secretary, and treasurer) in the space provided for the appropriate personnel in Sections 3 and 4. (See the General Information and Instructions for more information.)

4. NEW BUSINESS WILL OPERATE AS A (check only one)
Sole Ownership (not a corporation or LLC) Partnership - Federal Employer ID #
California Corporation # Limited Liability Company #

SECTION 3 - QUALIFYING INDIVIDUAL FULL LEGAL NAME AND ADDRESS

Qualifying Individual (Qualifier): A qualifying individual is required for every classification on every license issued by CSLB. You must provide full legal names of all individuals. (See the General Information and Instructions for more information on completing this section.)

5a. QUALIFIER'S FULL LEGAL NAME Last First Middle DATE OF BIRTH SOCIAL SECURITY NUMBER or ITIN
5b. RESIDENCE ADDRESS Number/Street Only - NO P.O. Boxes or PMBs City State ZIP Code
6. QUALIFIER'S EXISTING / PREVIOUS CSLB LICENSE NUMBER(S) (If none, enter "N/A") PERCENTAGE OF NEW BUSINESS OWNED BY THE QUALIFIER DRIVER LICENSE NUMBER RESIDENCE PHONE NUMBER

7. TITLE OR POSITION (check only one) For LLC and corporations qualified by a Responsible Managing Officer, the corporate title you provide in this section must exactly match the corporate title listed on SOS records.

- Owner (sole ownership only) Qualifying Partner Responsible Managing Employee (RME)* Responsible Managing Member
Responsible Managing Manager Responsible Managing Officer (RMO) - Title(s):

* RMEs are prohibited from having an active sole owner license. Please visit CSLB's website for an Application to Inactivate Contractor's License, if needed.

8. I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this application. In signing and submitting this application, I also authorize the Franchise Tax Board to provide CSLB with required tax information pursuant to Business and Professions Code (BPC) section 7145.5.

Date Signature Printed Name



Applicant's Business Name (as listed in Section 1 of this application): _____

(If additional space is needed, please make a copy of this blank page.)

SECTION 4 – PERSONNEL FULL LEGAL NAMES AND ADDRESSES (Other than Qualifying Individual)

The following must be **completed by all individuals and companies that will be listed on the license**. You must provide **full legal names** of all individuals. Each individual must sign the certification statement under penalty of perjury. (See the *General Information and Instructions regarding company personnel*.)

9a. PERSONNEL FULL LEGAL NAME Last	First	Middle	DATE OF BIRTH	SOCIAL SECURITY NUMBER or ITIN
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RESIDENCE ADDRESS Number/Street Only – NO P.O. Boxes or PMBs	City	State	ZIP Code	DRIVER LICENSE #
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TITLE OR POSITION (check only one) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Director <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer - Title(s) _____	RESIDENCE PHONE NUMBER ()
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I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this application. In signing and submitting this application, I also authorize the Franchise Tax Board to provide CSLB with required tax information pursuant to BPC section 7145.5.

Date	Signature	Printed Name
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9b. PERSONNEL FULL LEGAL NAME Last	First	Middle	DATE OF BIRTH	SOCIAL SECURITY NUMBER or ITIN
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RESIDENCE ADDRESS Number/Street Only – NO P.O. Boxes or PMBs	City	State	ZIP Code	DRIVER LICENSE #
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TITLE OR POSITION (check only one) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Director <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer - Title(s) _____	RESIDENCE PHONE NUMBER ()
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I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this application. In signing and submitting this application, I also authorize the Franchise Tax Board to provide CSLB with required tax information pursuant to BPC section 7145.5.

Date	Signature	Printed Name
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9c. PERSONNEL FULL LEGAL NAME Last	First	Middle	DATE OF BIRTH	SOCIAL SECURITY NUMBER or ITIN
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RESIDENCE ADDRESS Number/Street Only – NO P.O. Boxes or PMBs	City	State	ZIP Code	DRIVER LICENSE #
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TITLE OR POSITION (check only one) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Director <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer - Title(s) _____	RESIDENCE PHONE NUMBER ()
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I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this application. In signing and submitting this application, I also authorize the Franchise Tax Board to provide CSLB with required tax information pursuant to BPC section 7145.5.

Date	Signature	Printed Name
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9d. PERSONNEL FULL LEGAL NAME Last	First	Middle	DATE OF BIRTH	SOCIAL SECURITY NUMBER or ITIN
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RESIDENCE ADDRESS Number/Street Only – NO P.O. Boxes or PMBs	City	State	ZIP Code	DRIVER LICENSE #
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TITLE OR POSITION (check only one) <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Director <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer - Title(s) _____	RESIDENCE PHONE NUMBER ()
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I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this application. In signing and submitting this application, I also authorize the Franchise Tax Board to provide CSLB with required tax information pursuant to BPC section 7145.5.

Date	Signature	Printed Name
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FOR CSLB USE ONLY

SECTION 5 – REQUIRED APPLICATION QUESTIONS

All questions in this section must be answered. Questions 10 - 12 pertain to all individuals listed on this application (qualifying individual and all personnel listed in Section 4), and Questions 13 – 15 pertain to the qualifying individual only.

- 10. To the best of your knowledge, is anyone listed on this application (or any company the person is or was a part of) named in or responsible for any unsatisfied final judgments, liens, and/or claims against any bond or cash deposit pertaining to a construction project?**

Yes No

If you checked "Yes" for this question, you are required to attach a statement identifying all judgments (pending or on record), liens, past due unpaid bills, claims, or suits and a detailed 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. To the best of your knowledge, has anyone on this application (or any company the person is or was a part of, or any immediate family member of the applicant) ever received a citation from CSLB or had a contractor license or other professional or vocational license or registration denied, suspended, revoked, or otherwise disciplined by this state or elsewhere (i.e., other U.S. state, U.S. territory, agency of the federal government, or other country)?**

Yes No

For the purposes of responding to this question, "disciplined" is an administrative action that resulted in a restriction or penalty being placed on any license you have or have possessed, such as a revocation, suspension, probation, or reprimand.

(Check "No" if the license or registration was suspended due to lack of a bond, workers' compensation or other required insurance, a qualifier, or family support.)

If you checked "Yes" for this question, you are required to attach a statement detailing the events leading to this action.

- 12. To the best of your knowledge, has anyone on this application failed to resolve any outstanding final liabilities, which include taxes, additions to tax, penalties, interest, and any fees that may be assessed by CSLB, the Department of Industrial Relations, the Employment Development Department, the Franchise Tax Board, or the State Board of Equalization (BOE)?**

Yes No

If you checked "Yes" for this question, you are required to attach a statement regarding the outstanding liabilities. In relation to BOE liabilities, you must indicate if you have entered into an installment payment agreement for that liability with the BOE and provide verification that you are in compliance with the terms of that agreement, if applicable.

- 13. (This question must be answered by the qualifying individual.)** Direct supervision and control over construction operations includes any one or a 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 you, as the qualifying individual, perform one or more of these duties?**

Yes No

- 14. (This question must be answered only if the qualifying individual is a responsible managing employee [RME].)** Business and Professions Code Section 7068 (c) states in part that a RME is a bona fide employee that is permanently employed by the applicant and is actively engaged in the operation of the business, meaning working at least 32 hours per week or 80% of the total hours per week that the applicant's business is in operation. **Will you, as the responsible managing employee, meet the requirements of Business and Professions Code Section 7068 (c)?**

Yes No

- 15. The examinations are administered in English.** Will you require the use of a CSLB-approved translator?

Yes No

If yes, in what language will your translator read the exam? _____

Applicant's Business Name (as listed in Section 1 of this application): _____

(If additional space is needed, please make a copy of this blank page.)

SECTION 6 – QUALIFIER EDUCATION, APPRENTICESHIP, LICENSURE, AND MILITARY

Applicants must answer the following questions and may be granted credit toward licensure requirements or receive expedited processing as noted below. Please refer to the General Information and Instructions for more information. If you checked "Yes" in response to any question, please provide the requested documentation.

16. Have you completed an educational or apprenticeship program?

If you checked "Yes" for this question, you may be granted credit for **completed training in an accredited school** if you:

- Submit transcripts for a four-year degree, two-year degree (or less), technical training (must include course hours and descriptions), and all other degrees in a business or construction-related field.

Transcripts must be certified official and received directly from the educational institution in a sealed envelope. (If you received your degree outside the United States, your transcripts must be translated, if in a language other than English, and evaluated by an accredited evaluation service that does business within the United States.)

Yes No

You may be granted credit for a **completed apprenticeship program** if you:

- Submit a copy of your apprenticeship certificate; **AND**
- Enter the beginning and ending dates of your completed apprenticeship program:

From _____ to _____
Month/Day/Year Month/Day/Year

(The apprenticeship period cannot overlap the journeyman-level experience period being certified on the Certification of Work Experience.)

17. Are you licensed in another state in the same classification for which you are seeking licensure? If you checked "Yes" for this question, you must provide a License Verification Request form that is completed by the licensing agency from the other state, please see CSLB's website to see if your state and classification qualifies.

Yes No

18. Are you serving in, or have you previously served in, the United States Armed Forces?

If you checked "Yes" for this question, please provide the following documentation for review to potentially receive expedited processing and a 50% reduction in the initial license fee:

- Evidence of your current military duty (copy of your military orders) or your previous military service (copy of your latest DD 214 long form – Certificate of Release or Discharge from Active Duty showing discharge status or Copy of Driver's License with "Veteran" endorsement) or National Guard discharge (form NGB 22) or Reserves discharge (form DD 256). See instructions section under **Military**.

Yes No

19. The CSLB will expedite the licensure process and waive the license application fee and the initial license fee charged by the board for an applicant who is the spouse of an active-duty member of the Armed Forces stationed in California and meets both of the following requirements:

Are you married to, or in a domestic partnership or other legal union with, an active-duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active-duty military orders?

AND

Do you hold a current license in another state, district, or territory of the United States in the profession or vocation for which you seek a license from the board?

If you checked "Yes" for this question, please provide documentation of current licensure AND marriage, partnership or legal union AND active-duty military orders as described in the instructions under **Military**.

No fees will be required if you submit all the above-mentioned documents with the application.

Yes No

20. Were you admitted to the United States of America under one of the circumstances described below?

1. Admitted as a refugee pursuant to section 1157 of title 8 of the United States Code; 2. Granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; 3. You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

If you checked "Yes" for this question, please provide documentation as described in the instructions.

Yes No

STATE TAX AND OTHER OBLIGATIONS NOTICE

The State Board of Equalization and Franchise Tax Board may share taxpayer information with CSLB. You are obligated to pay your state tax obligation. CSLB may suspend or refuse to issue, reactivate, reinstate, or renew a license if your state tax obligation, child support obligation, or any outstanding final liability to CSLB, the Department of Industrial Relations, or the Employment Development Department is not paid. (BPC sections 30, 31, and 7145.5)



CERTIFICATION OF WORK EXPERIENCE General Information

- This form must be filled in completely in order to document applicant’s work experience, or the application will be returned for correction or completion. The qualifying individual on the application (as listed on Page 1 of the application) and certifier (a qualified and responsible person who verifies the experience in the classification for which the applicant is seeking licensure) must type or print neatly and legibly in black or dark blue ink – pencil is not acceptable.
- **FORMS CONTAINING STRIKEOUTS OR MODIFICATIONS MAY NOT BE ACCEPTED.**
- **Corrections on the Certification of Work Experience forms must be initialed by the certifier.**
- **Original signatures are required** – faxed, photocopied, or stamped signatures are not acceptable.
- All qualifying individuals and certifiers must be at least 18 years old.
- All Certification of Work Experience forms must be submitted with the application.
- The Certification of Work Experience form, when filed with an application, becomes the property of CSLB and is kept as a matter of record. **Keep a copy of the completed and signed form for your records** – you may be asked to provide further documentation or testimony to verify your experience. A random three percent (3%) of applications are subject to review, and experience must be verifiable through payroll records and similar documents. CSLB staff may contact the certifier or other parties to verify experience.
- If you have ever served as a qualifier on a license in the classification for which you are now applying, you may not need to complete this form. However, if you are applying for a waiver of the examination pursuant to Business and Professions Code (BPC) sections 7065.1(b) or 7065.1(c), you do need to complete this form. *(Please refer to CSLB’s website for more information on exam waivers.)* **NOTE: If you had a previous application that was denied on the basis of a lack of qualifying work experience, you must complete this form, regardless of whether or not you passed the examination.**
- **Anyone who knowingly procures or offers false or forged documents to be filed, registered, or recorded in any public office in California is guilty of a felony.** *(Penal Code section 115)*

PART 1 – QUALIFYING INDIVIDUAL (APPLICANT) INFORMATION

- **The qualifying individual (qualifier) must complete Part 1 in its entirety before the certifier completes Part 2.**
- Lines 2 and 3 request the business name of company, license number of company, and company’s business street address of the place where your experience was gained, which may or may not have been your employer.

PART 2 – WORK EXPERIENCE AND CERTIFICATION STATEMENT

- **The certifier must complete Part 2 in its entirety after the qualifying individual has completed Part 1.**
- **The qualifying individual must document at least four (4) years of journeyman-level or higher experience in the classification for which they are applying. The experience must have been obtained within the last 10 years.**
- **The qualifying individual’s work experience must have been completed at the level of journeyman, foreman, supervising employee, or contractor,** as defined below *(Title 16, California Code of Regulations [T16 CCR] section 825)*. Also defined below are “owner-builder” and “self-employed individual.”
 - A “**journeyman**” is an experienced worker who is fully qualified (as opposed to a trainee) and is able to perform the trade without supervision, or a person who has completed an apprenticeship program. *(T16 CCR section 825)*
 - A “**foreman**” or “**supervising employee**” is a person who has the knowledge and skills of a journeyman and directly supervises construction projects.
 - A “**contractor**” is an individual who is currently a licensed California contractor, a former licensed California contractor, or an out-of-state licensed contractor. A contractor has the skills necessary to manage the daily activities of a construction business, including field supervision.
 - An “**owner-builder**” (a person who performs B-General Building classification work **solely on their own property**, pursuant to BPC section 7044) or a “**self-employed individual**” must have the knowledge and skills of a journeyman as listed above and the skills necessary to manage the daily activities of a construction business, including field observation. Owner-builders must complete and submit an Owner-Builder B-General Building Construction Project Experience form for each owner-builder project on their own property.
- The Description of Classifications document may be used as a reference only and is available through a link on the Applicants page of CSLB’s website.
- **The certifier (a qualified, responsible person who is able to verify the work experience of the qualifier) must complete and date and sign under the certification statement on line 9 at the bottom of the form.** The certifier can be an employer, fellow employee, journeyman, union representative, contractor, or business associate. This form will help CSLB determine whether the qualifier has the experience necessary to become a qualified contractor.
- **The certifier must have direct knowledge of the qualifier’s experience during the time period listed.** “Direct knowledge” means personal knowledge of the experience that does not depend on outside information or hearsay. The certifier must be able to certify that the qualifier demonstrated a level of knowledge and skills expected of a journeyman or higher in the classification for which they are applying.
- **Any licensee whose signature appears on a falsified Certification of Work Experience form, or who otherwise certifies false or misleading experience claims submitted by an applicant to obtain a contractor license, will be subject to disciplinary action.** *(BPC section 7114.1)*

Please detach this General Information and Instructions portion before submitting the completed application package to CSLB.

Certification of Work Experience

Please read the **General Information on the previous page before beginning this form.**

The qualifying individual from Page 1 of the application must complete the information in Part 1 below; then, the certifier (person certifying the experience) must complete Part 2. The experience must be verifiable through payroll records or similar documents. If additional space is needed to list the trade duties, please attach a separate sheet that must also be signed under the same certification statement contained below in line 9.

Use a separate form for each employer or work setting. If you need additional forms, please make a copy of this blank form or visit CSLB's website to print the form.

Please type or print neatly and legibly in black or dark blue ink – pencil is not acceptable.

FORMS CONTAINING STRIKEOUTS OR MODIFICATIONS MAY NOT BE ACCEPTED. Corrections must be initialed by the certifier.

PART 1 – QUALIFYING INDIVIDUAL (APPLICANT) INFORMATION

The qualifying individual must complete Part 1 in its entirety before the certifier completes Part 2.

1. QUALIFIER'S FULL LEGAL NAME Last			First	Middle
2. BUSINESS NAME OF COMPANY WHERE EXPERIENCE WAS GAINED – OR, IF YOU WERE SELF-EMPLOYED, LEAVE THIS SPACE BLANK AND CHECK THIS BOX <input type="checkbox"/> (If you checked the box, skip line 3 and go to line 4.)				LICENSE NUMBER OF COMPANY WHERE EXPERIENCE WAS GAINED
3. COMPANY'S BUSINESS STREET ADDRESS Number/Street Only – NO P.O. Boxes		City	State	ZIP Code
4. WAS THE EXPERIENCE OBTAINED <u>WORKING ON YOUR OWN PROPERTY</u> AS AN OWNER-BUILDER (see previous page for definition)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you checked "Yes" above, use the Owner-Builder B-General Building Construction Project Experience form to provide information on completed projects.</i>				

PART 2 – WORK EXPERIENCE AND CERTIFICATION STATEMENT

The certifier must complete Part 2 in its entirety after the qualifying individual (applicant) has completed Part 1.

5. APPLICANT'S JOURNEYMAN-LEVEL OR HIGHER TIME-BASE WORKED IN SPECIFIC TRADE DUTIES (check one):	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	}	FROM _____ TO _____ = _____ YEAR(S) and _____ MONTH(S) <small>Month/Day/Year Month/Day/Year</small> (List ONLY journeyman-level or higher experience that was obtained in the applicable classification.)	FOR A TOTAL OF (Do not claim credit for full-time work if applicant worked only part-time or if trade duties in requested classification were only one component of entire job. For example, if applicant worked half-time in specific trade duties for six (6) years, write "3 years" in the space above.)
6. IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION FOR WHICH THEY ARE APPLYING. PLEASE REFER TO THE DESCRIPTION OF CLASSIFICATIONS DOCUMENT FOR ASSISTANCE. (Do not list office work or individual project names.)				
7. My business relationship to _____ is or was (check all that apply): <small>Name of Qualifying Individual (Applicant)</small>				
<input type="checkbox"/> Employer		<input type="checkbox"/> Contractor (License Number _____)		<input type="checkbox"/> Foreman or Supervisor
<input type="checkbox"/> Journeyman		<input type="checkbox"/> Fellow Employee		<input type="checkbox"/> Business Associate
<input type="checkbox"/> Union Representative				
8. CERTIFIER'S STREET ADDRESS Number/Street Only – NO P.O. Boxes				
		City	State	ZIP Code
PHONE NUMBER () () ()	FAX NUMBER () () ()	EMAIL ADDRESS		
9. I certify that I have direct knowledge of the work covering the time period outlined above. I certify under penalty of perjury, under the laws of the State of California, that the information stated above is true and correct.				
Date	Signature	Printed Name		

Note: For information on the collection of personal information, please refer to the General Information and Instructions at the beginning of this application package, under the heading "Collection of Personal Information."

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CONTRACTORS STATE LICENSE BOARD

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STATE OF CALIFORNIA
Governor Gavin Newsom

Owner-Builder B-General Building Construction Project Experience

This form must be completed ONLY if the qualifying individual indicates on the Certification of Work Experience form that they obtained B-General Building classification experience working on their own property as an owner-builder.

Use a separate form for each project. If you need additional forms, please make a copy of this blank form or visit CSLB's website to print the form.

Please type or print neatly and legibly in black or dark blue ink. Incomplete forms are not accepted.

Form with 11 numbered sections for project details: 1. QUALIFIER'S (OWNER-BUILDER) FULL LEGAL NAME, 2. PROJECT STREET ADDRESS, 3. DO/DID YOU PERSONALLY OWN THE PROPERTY, 4. START DATE, COMPLETION DATE, 5. STRUCTURE/PROJECT SQUARE FOOTAGE, 6. BUILDING PERMIT NUMBER, 7. DESCRIBE THE FULL SCOPE OF THIS PROJECT, 8. LIST ALL THE TRADE DUTIES YOU PERSONALLY PERFORMED, 9. EXPLAIN HOW YOUR PAST EXPERIENCE, TRAINING, AND/OR EDUCATION PREPARED YOU TO PERFORM WORK ON THIS PROJECT, 10. PROVIDE THE NUMBER OF LABORERS USED AND THE TRADES THEY PERFORMED, 11. PROVIDE THE NUMBER OF GENERAL CONTRACTORS OR SUBCONTRACTORS USED AND THE TRADES THEY PERFORMED.



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