



## IMPORTANT NOTICE

Dear Applicant:

Enclosed is the application you requested from the Contractors State License Board (CSLB).

**Please be aware that nearly half of all applications submitted to CSLB are inaccurate or incomplete and must be returned for correction.**

**Please complete your application in its entirety to ensure that your application is accepted for processing by CSLB.**

After an application has been accepted by CSLB as complete (also known as “posted”), the applicant will be sent instructions on the process for obtaining and submitting fingerprints, as required by law. (*Business and Professions Code sections 144 and 7069*)

An incomplete application can needlessly delay your license. Delays can last several weeks or even months and possibly result in the application being deemed abandoned and becoming void and the application fee being forfeited. (*Business and Professions Code sections 7074 and 7138 and Title 16, California Code of Regulations section 813*)

**Spending a few extra minutes now may save you weeks or months later!**

Before you submit your application, follow these simple directions.

- **Sign the form.**
- **Fill out all applicable information.**
- **Make sure you submit Certification of Work Experience forms that have been filled out completely, ensuring that you have provided four (4) years of applicable experience in the classification for which you are applying.**

**Carefully read the General Information and Instructions** that immediately precede the application package and follow the specific instructions that are contained throughout the application to help ensure that your application is complete and accurate.

**Please be aware that there are no schools or application preparation organizations that are affiliated with or agents of CSLB, although some may have company names that are confusingly similar to CSLB.** If you discover that an organization has misrepresented itself as being associated with CSLB, you should submit a complaint to CSLB or the California Department of Consumer Affairs. However, official CSLB examination study guides are available free of charge on CSLB’s website.



## IMPORTANT NOTICE REGARDING CONVICTIONS PLEASE READ CAREFULLY

As part of the Contractors State License Board (CSLB) application process and as required by law, you must be fingerprinted if you have not been fingerprinted by CSLB before or if your previous fingerprint record was purged by CSLB due to a voided application; disassociated, revoked, or cancelled license or registration; or for some other reason. After an application is accepted by CSLB as complete (also known as “posted”), the applicant will be sent instructions on the process for obtaining and submitting fingerprints, usually via live scan electronic transmission.

Your fingerprints will be compared to the records of the California Department of Justice and the Federal Bureau of Investigation. **If you have ever been convicted of a crime, your criminal record information will be reported to CSLB.** This includes DUIs and other Vehicle Code violations resulting in a conviction. Even if you pled “no contest,” had the conviction set aside, or judgment deferred pursuant to Penal Code sections 1000 or 1203.4 (commonly understood as “expunged”), the past conviction will still be reported to CSLB.

Under certain circumstances, CSLB may request that you provide mitigating information regarding your criminal history by completing and submitting the Disclosure Statement Regarding Criminal Plea/Conviction form that is available on CSLB’s website on the Forms and Applications page. CSLB’s Criminal Background Unit will contact you if it is requesting this additional information. If so, you can complete the disclosure and send an email scan of it to [CBU@cslb.ca.gov](mailto:CBU@cslb.ca.gov) or fax to 916-255-4135. Please note, completing the form or any other disclosure of mitigating evidence is voluntary, and you may choose not to disclose any information. Your choice not to disclose information shall not be a factor in a board’s decision to grant or deny your application for licensure. (See Bus. & Prof. Code, § 480(f)(2).

Applicants with criminal convictions are not automatically denied licensure – each application is reviewed individually based on the applicable sections of law. When reviewing criminal convictions, CSLB considers factors such as the nature and severity of the crimes, the amount of time that has passed since the convictions, and any evidence of rehabilitation submitted by the applicant. CSLB has several regulations to review criminal convictions, including Title 16 of the California Code of Regulations sections 868, 868.1, and 869. Section 868 guides how to evaluate whether a crime is substantially related to the qualifications, duties, or functions of a licensee or registrant; Section 868.1 guides whether a felony financial crime is directly and adversely related to the fiduciary qualifications, duties, or functions of a licensee or registrant; and Section 869 guides whether an applicant has made a showing of rehabilitation.

For rehabilitation evaluation, in addition to other evidence of rehabilitation, CSLB is generally looking at how much time has passed since the conviction without further violations of law.



## APPLICATION FOR ORIGINAL CONTRACTOR LICENSE – EXAMINATION WAIVER (7065) General Information and Instructions

### **GENERAL INFORMATION**

Listed below is general information to assist you as you complete the attached application. Detailed instructions are also provided that address the content of the application section by section. Please refer to the Applicants page on the Contractors State License Board's (CSLB) website ([www.cslb.ca.gov](http://www.cslb.ca.gov)) for more detailed information about the licensing process.

**Do not submit this General Information and Instructions portion with your completed application** – the actual application begins immediately following this section on Application – Page 1 of 4 and includes the Certification of Work Experience and the Request for License Number Reissuance form, if needed. Before you submit your application, please review and be sure you have complied with the following items.

- **Enclose the nonrefundable \$450 application fee with your completed application for licensure in a single classification.** Each additional classification requires payment of a \$150 fee at the time of application. CSLB cannot process your application without the appropriate fee made payable to the Registrar of Contractors. The initial license fee (\$200 for sole owner and \$350 for non-sole owner) should be submitted separately when requested by CSLB staff. If approved for the military expedite and initial license fee reduction provision (see instructions under Military), these initial license fees will be reduced by 50%. (*Business and Professions Code [BPC] section 7137 and 7138*)
- **Your application may be returned to you if it is insufficient or incomplete.** You must provide any missing information, make corrections, and resubmit your completed application to CSLB within **90 days** after the date that it was returned to you, or your application will be deemed abandoned and become void. You cannot reinstate an abandoned application – you must submit a new application and \$450 application fee if you wish to pursue licensure. (*BPC 7074 and Title 16, California Code of Regulations [T16 CCR] section 813*)

**Complete the application and all accompanying forms legibly in black or dark blue ink or on CSLB's website using the Easy-Fill feature.** Please make sure that you and other authorized individuals sign and date the forms, where applicable.

- **Leave no space blank.** If a particular question or request for information does not apply to you, write "N/A" in the blank space to indicate that you have read the question and determined that it is not applicable.
- The "#" symbol is used interchangeably with the word "number" where space is limited on the application.
- If you need additional copies of forms (e.g., Certification of Work Experience, Section 4 – Personnel Full Legal Names and Addresses), please make copies of the blank forms before you begin or print additional copies from the CSLB website, under the Forms and Applications page.

### **SECTION 1 – BUSINESS NAME AND ADDRESS**

#### **Business Name Styles (Box 1)**

In accordance with BPC section 7059.1, the business name for a contractor license **must not be misleading in relation to the classification(s) issued to the license and must be compatible with the type of business entity licensed** (see *Section 2 on next page*). For example, it would not be acceptable for ABC123 Tile to apply for a C-10 Electrical contractor license, but it would be acceptable for ABC123 Construction to apply for a B-General Building contractor license or for ABC123 Tile to apply for a C-54 Ceramic and Mosaic Tile contractor license. In addition, it would not be acceptable for a sole ownership or proprietorship to use the words "partners" or "incorporated" in its business name.

# APPLICATION FOR ORIGINAL CONTRACTOR LICENSE – EXAMINATION WAIVER (7065)

## General Information and Instructions *(continued)*

### Business Addresses, Phone and Email (Boxes 3a – 3c)

- You **must** provide an address of record (mailing address) for your business that will be made available to the public if you become licensed. This address will be published on CSLB's website and will also be used for all official correspondence, notices, and orders from CSLB, such as renewal notices. P.O. boxes and private mailboxes (PMB) are acceptable for the address of record.
- You **must also** provide a business street address that will be used only for CSLB's internal administrative purposes – it will not be published on CSLB's website. P.O. boxes and PMBs are **not** acceptable for the business street address.
- You are also asked to provide business phone and business fax numbers and a business email address. The business phone number is published on CSLB's website. If you have an email address at which you are currently receiving email, you must provide it. (BPC 7083.2) The email provided will not be part of your public license record. CSLB emails important license updates and changes to the law that may affect your license. All emails CSLB sends to the email address you provided are presumed to be received.

### Classification(s) Requested (Box 2)

Listed below are the contractor license classifications. More than one classification may be requested on an original application when the applicant is eligible for waiver of the examinations. For a complete description of the classifications, refer to the License Classifications link on the Applicants page of CSLB's website. **Be sure to include the additional \$150 for each additional classification on your application.**

- |                                                                    |                                                   |
|--------------------------------------------------------------------|---------------------------------------------------|
| A General Engineering Contractor                                   | C-29 Masonry Contractor                           |
| B General Building Contractor                                      | C-31 Construction Zone Traffic Control Contractor |
| B-2 Residential Remodeling Contractor                              | C-32 Parking and Highway Improvement Contractor   |
| C-2 Insulation and Acoustical Contractor                           | C-33 Painting and Decorating Contractor           |
| C-4 Boiler, Hot Water Heating and Steam Fitting Contractor         | C-34 Pipeline Contractor                          |
| C-5 Framing and Rough Carpentry Contractor                         | C-35 Lathing and Plastering Contractor            |
| C-6 Cabinet, Millwork and Finish Carpentry Contractor              | C-36 Plumbing Contractor                          |
| C-7 Low Voltage Systems Contractor                                 | C-38 Refrigeration Contractor                     |
| C-8 Concrete Contractor                                            | C-39 Roofing Contractor                           |
| C-9 Drywall Contractor                                             | C-42 Sanitation System Contractor                 |
| C-10 Electrical Contractor                                         | C-43 Sheet Metal Contractor                       |
| C-11 Elevator Contractor                                           | C-45 Sign Contractor                              |
| C-12 Earthwork and Paving Contractors                              | C-46 Solar Contractor                             |
| C-13 Fencing Contractor                                            | C-47 General Manufactured Housing Contractor      |
| C-15 Flooring and Floor Covering Contractors                       | C-49 Tree and Palm Contractor                     |
| C-16 Fire Protection Contractor                                    | C-50 Reinforcing Steel Contractor                 |
| C-17 Glazing Contractor                                            | C-51 Structural Steel Contractor                  |
| C-20 Warm-Air Heating, Ventilating and Air-Conditioning Contractor | C-53 Swimming Pool Contractor                     |
| C-21 Building Moving/Demolition Contractor                         | C-54 Ceramic and Mosaic Tile Contractor           |
| C-22 Asbestos Abatement Contractor                                 | C-55 Water Conditioning Contractor                |
| C-23 Ornamental Metal Contractor                                   | C-57 Well Drilling Contractor                     |
| C-27 Landscaping Contractor                                        | C-60 Welding Contractor                           |
| C-28 Lock and Security Equipment Contractor                        | C-61 Limited Specialty Classification (see below) |

The C-61 Limited Specialty classification is for contractors who specialize in work not listed above (for example, C-61/D-50 Suspended Ceilings) or who perform work that is a specialized part of an existing classification (for example, C-61/D-29 Paper Hanging). The License Classifications link on the CSLB website contains a full listing of the subcategories of the C-61 classification.

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# APPLICATION FOR ORIGINAL CONTRACTOR LICENSE – EXAMINATION WAIVER (7065)

## General Information and Instructions *(continued)*

### **SECTION 2 – BUSINESS ENTITY (Box 4)**

Applicants must designate their business entity. Below is information on the five business entity types that are covered by this application. Contractor licenses are also issued to joint ventures – such applicants must submit the separate Application for Joint Venture License, available on CSLB’s website on the Forms and Applications page.

Corporations and LLCs must be registered and in good standing (not suspended or otherwise restricted) with California Secretary of State (SOS) in order to be licensed or remain licensed with CSLB. California SOS can be reached by calling (916) 653-6814 or by visiting their website at [www.sos.ca.gov](http://www.sos.ca.gov). Applicants who wish to change their business entity after the application is posted should withdraw their application and submit a new one.

#### **Sole Owner**

Check the “Sole Owner” box if the business is owned by only one individual person and is not a corporation or LLC.

#### **Partnership**

Check the “Partnership” box if the business is a partnership. Partnerships must provide their Federal Employer Identification Number (FEIN), which is available from the U.S. Internal Revenue Service (IRS). The IRS can be reached by calling (800) 829-1040. Personal Social Security numbers are **not** acceptable for the FEIN. Limited Partnerships must be registered with the California SOS and in good standing prior to being issued a contractor license.

#### **Corporation**

Check the “California Corporation” box if the business is a corporation. Corporations must be registered with the California SOS and in good standing prior to being issued a contractor license. Corporations must provide a current and active California SOS registration number where indicated in Section 2 of the application.

#### **Limited Liability Company**

Check the “Limited Liability Company” box if the company is a limited liability company. LLCs must be registered with the California SOS and in good standing prior to being issued a contractor license. LLCs must provide a current and active registration number where indicated in Section 2 of the application.

If your business entity is an LLC, before you submit your application, please be aware that the following additional requirements apply to LLC licenses (*please refer to CSLB’s website for more information*):

- **\$100,000 Surety Bond.** LLC licenses are required to file a \$100,000 surety bond (in addition to the \$25,000 contractor’s bond) for the issuance, reissuance, reinstatement, reactivation, and renewal of an LLC license for the benefit of any employee or worker damaged by the LLC’s failure to pay wages, interest on wages, or fringe benefits, as well as other contributions. (*BPC sections 7071.6 and 7071.6.5*)
- **\$1 Million Liability Insurance Minimum.** LLC licenses are required to carry liability insurance with the aggregate limit of \$1 million for licensees with five or fewer persons and/or companies listed as personnel of record, plus an additional \$100,000 required for each additional personnel, not to exceed \$5 million total. (*BPC section 7071.19*)
- **Personnel of Record.** Every person and/or company that is an officer, responsible manager, member, or director of an LLC must be listed as personnel of record on LLC applications. All individuals who are members of the personnel of record are subject to fingerprinting. LLC officers and members must be listed on the LLC’s record with California SOS. LLCs may also have additional officers who may not be included on the official California SOS record, but who must be listed on this application and who will become part of the contractor license. (*BPC section 7065*)

#### **Tribal Business**

Check the “Tribal Business” box if the business is organized under the governance of a federally recognized tribe (25 USC 5131).

A tribal business can be verified by submitting any one of the following three documents along with the application.

- a. A resolution that ratifies the charter for this tribal business under federal law (“IRA Section 17 corporation”).
- b. A resolution authorizing this tribal corporation under tribal laws (“tribally chartered corporation”).
- c. Articles of incorporation or by-laws for this tribal corporation.

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

# APPLICATION FOR ORIGINAL CONTRACTOR LICENSE – EXAMINATION WAIVER (7065)

## General Information and Instructions (continued)

### **SECTION 3 – QUALIFYING INDIVIDUAL FULL LEGAL NAME AND ADDRESS**

The terms “**qualifying individual**” and “**qualifier**” are used interchangeably. The qualifying individual is the person who meets the experience and examination requirements for the license and who is responsible for exercising **supervision and control** of their employer’s or principal’s construction operations to secure compliance with CSLB’s laws, rules, and regulations. (*BPC section 7068.1 (a)*) “Supervision and control” means “direct supervision or control” or monitoring and being available to assist others to whom “direct supervision and control” has been delegated. “Direct supervision or control” means supervising construction, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, and/or supervision on construction sites.

A qualifying individual is required for every classification on every license issued by CSLB. The qualifying individual may or may not be the owner of the business.

You must complete the personnel information requested in Sections 3 and 4 of the application for each individual and company that will be listed on the license.

- **Line 5a – Full legal names are required.** You must provide the full legal name of all personnel. If an individual does not have a middle name, write “None” or “No Middle Name” in the space provided. If an individual has only an initial for their first or middle name, write “(Initial Only)” after the initial.
- Provide qualifier’s date of birth where requested.
- **All applicants are required to provide their U.S. Social Security number (SSN) or individual taxpayer identification number (ITIN) if an individual does not have an SSN.**
- **Box 5b** – You must **also** provide a residence street address for the qualifier that will be used only for CSLB’s internal administrative purposes – it will not be published on CSLB’s website. P.O. boxes and PMBs are **not** acceptable for the qualifier’s residence street address.
- **Line 6** – Please enter any previous or current license numbers held by the qualifier in the provided box. Also enter the percentage of the new business owned/held by the qualifier (ranging between zero and 100%), the qualifier’s driver license number, and the qualifier’s home phone number.
- **Box 7** – Check the appropriate box that identifies the title/position of the qualifying individual. The **title/position must be compatible with the business entity type**, as entered in Section 2 above. Please be sure your selected title/position complies with the following:
  - Sole owner entity** = either Owner or Responsible Managing Employee (RME) – see below
  - Partnership entity** = either Qualifying Partner or RME
  - Corporation entity** = either Responsible Managing Officer (RMO) or RME.
  - LLC entity** = any one of RMO, Responsible Managing Manager, Responsible Managing Member, or RME.
  - Tribal Business entity** = either RMO or RME.
- An **RME is a bona fide employee** who is permanently employed by the applicant and is actively engaged in the operation of the applicant’s contracting business for at least 32 hours or 80% of the total hours per week such business is in operation, whichever is less. (*T16 CCR section 823 (a)*)
- **Box 8** – You **must** print and sign your name and indicate the date below the certification statement at the bottom of Page 1 of the application. Failure to sign your application will result in the application being returned to you for correction.

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

You must complete the personnel information requested in Section 4 of the application for each individual and company that will be listed as personnel on the license, other than the qualifier listed in Section 3. Be sure to include the applicant’s business name at the top of the page where requested.

- See Section 3 above for instructions on how to complete the specific fields of this section. If more than four (4) personnel must be reported, please make a copy of the blank form. All personnel **must** print and sign their names below the certification statement and include the date that the form was signed.
- Every person who is an officer, member, responsible manager, or director of a corporation, tribal business, or limited liability company seeking licensure under this chapter shall be listed on the application as a member of the personnel of record. (BPC 7065 (b) (1))

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# APPLICATION FOR ORIGINAL CONTRACTOR LICENSE – EXAMINATION WAIVER (7065)

## General Information and Instructions *(continued)*

- LLCs can have managers or members that are corporations or other LLCs, as opposed to individual people. When an LLC has corporate or LLC managers or members, complete Section 4 for those companies, omitting the fields that do not apply (e.g., date of birth, SSN/ITIN, and driver license number). Since corporations and LLCs are incapable of signing documents (e.g., applications, renewals, etc.), you must also report at least one individual person who will be an authorized signer for that company. To do this, you must complete a portion of Section 4 using this individual person's personal information. Identify that person as the "Authorized Signer for \_\_\_\_\_" (inserting the name of the corporation or LLC on behalf of which the individual person will sign). This individual person will not be part of the official license personnel of record (unless they are also an actual responsible manager, member, or officer of the applicant LLC), but their information will be maintained by CSLB for signing purposes only.

## **SECTION 5 – REQUIRED APPLICATION QUESTIONS**

Be sure to include the applicant's business name at the top of the page where requested. **All** questions must be answered, unless otherwise indicated, and all requested explanations and documentation must be provided, or the application will be returned for correction. Failure to thoroughly and accurately complete this section of the application can delay the licensure process or result in denial of the application.

### **Fingerprint Requirement**

**Please be sure to read the Important Notice Regarding Convictions on the front of this application packet. All applicants for licensure are required to submit a full set of fingerprints for the purpose of conducting a criminal background check.** Fingerprints will be compared to the records of the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) to determine whether a criminal history exists. Your license will not be issued until CSLB receives fingerprint results from both DOJ and FBI. Even though you may have been fingerprinted previously for an employer or another regulatory body, you will need to undergo the fingerprinting and criminal history check process again specifically for CSLB. California Penal Code section 11142 prohibits criminal history information from being released to any entity other than the requesting agency that you have authorized to receive it.

After an application has been accepted by CSLB as complete (also known as "posted"), each individual listed on the application who needs to fingerprint will be sent instructions on the process for obtaining and submitting fingerprints. Individuals in California are required to fingerprint by electronic live scan; individuals outside of California can fingerprint either by electronic live scan in California or by submitting hard card fingerprints that are completed in the applicant's location, as explained in the instructions that are sent after the application has been posted. Please note that submitting hard card fingerprints can significantly delay the licensure process due to the extra processing needed at DOJ and FBI. For more information, please visit CSLB's website and view information on the Applicants page.

## **SECTION 6 – QUALIFIER EDUCATION, APPRENTICESHIP, AND MILITARY SERVICE**

### **Education and Apprenticeship (Question 15)**

CSLB may grant up to three years of credit toward the four-year experience requirement for completed training in an accredited school and/or apprenticeship programs in the construction trade for which the applicant is applying. (*T16 CCR section 825*) For formal education, request a certified official transcript from the applicant's educational institution. Include the sealed official transcript with the application when submitting. Degrees obtained outside of the United States must be translated, if in a language other than English, and evaluated by an accredited evaluation service in the U.S. before being submitted to CSLB.

For apprenticeship programs, applicant must submit a copy of their apprenticeship certificate and indicate the dates of the program where requested on the application.

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# APPLICATION FOR ORIGINAL CONTRACTOR LICENSE – EXAMINATION WAIVER (7065)

## General Information and Instructions *(continued)*

### Military Service (Questions 16 and 17)

#### **Expedited Processing and 50% reduction of Initial License fee for Military Personnel**

CSLB will expedite the licensure process and reduce the initial licensing fee by 50% for an applicant who is a current active duty member of the Armed Forces or who was not dishonorably discharged after having served as an active-duty member of the United States Armed Forces or the National Guard or Reserves. Please provide the following documentation: 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 a copy of a current and valid driver's license or identification card issued by this state or another state with the word "Veteran" printed on its face) or for National Guard discharge status (copy of your NGB 22 form), or for Reserves discharge status (copy of your DD256 form).

#### **Expedited Licensure Application Processing for Service Members Enrolled in Skillbridge**

CSLB will expedite the licensure process for service members who are enrolled in a Skillbridge program. Please provide documentation of enrollment in a Skillbridge program, such as an official letter from a commanding officer, in order to qualify for expedited processing.

#### **Expedited Processing and Fee Waiver for Military Personnel Spouses or Domestic Partners**

CSLB will expedite the licensure process and waive the application fee and initial license fee for an applicant who:

- Is 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**
- Holds a current license in another state, district, or territory of the United States in the profession or vocation for which the applicant seeks a license from the board.

If you answer "Yes" to question 17 and you would like to be considered for this expedited processing and waiver of licensure fees, please provide a copy of your current license from the other state, district, or territory of the United States documenting a contractor license, registration, permit, or certificate in the same classification for which you are seeking licensure **AND** documentation of your marriage or legal union **AND** your spouse's or partner's active military duty. For example, in addition to the licensure documentation, attach a copy of the marriage certificate or certified declaration/registration of domestic partnership filed with the Secretary of State **AND** military orders establishing a duty station in California. For other forms of "legal union" not recognized by California, you may submit other documentary evidence of legal union issued by the state that recognizes your legal union for consideration by CSLB in meeting this requirement.

**If all of the above-mentioned requirements are met and all the required documentation is submitted with the application the application fee and the initial license fee will be waived. All other fees will still be required.**

#### **Credit for Military Experience and Training**

CSLB may grant credit toward licensure requirements for applicable work experience and training received while the applicant was an active-duty member of the Armed Forces of the United States performing duties in the classification for which they are applying. This work experience and training must be reported on a Certification of Work Experience form and must be supported by acceptable documentation, include a copy of your Joint Service Transcripts (military transcripts) for evaluation. You may also provide evidence of current military duty (copy of applicant's military orders) or previous military service (copy of applicant's DD 214 – Certificate of Release or Discharge from Active Duty). If you are claiming military experience, please be sure to check the "Yes" box for Question 16 on the application, as discussed above.

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# APPLICATION FOR ORIGINAL CONTRACTOR LICENSE – EXAMINATION WAIVER (7065)

## General Information and Instructions *(continued)*

### **Immigration Status Expedites** (Question 18)

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 18 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 below. If you qualify for examination waiver, this is the correct application to use.

#### **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 Waivers and Exemptions**

The examination may be waived if the qualifying individual has served as the qualifier for a licensee whose license was in good standing during the last five (5) years and the license was in the same classification for which they are applying, or if the qualifier has within the last five (5) years personally passed the required exams in the same classification for which they are applying. (*BPC section 7065.1*) An examination may also be waived under certain circumstances – for example, if the qualifying individual has for five (5) of the last seven (7) years been actively engaged in the construction business and meets specific waiver requirements as mandated by law or has actively participated in a family business and is an immediate family member of that license’s qualifier. You must list and have evidence of your experience and involvement in the business you think qualifies you for the waiver. (*See BPC sections 7065.1-7065.4 for a complete list of waiver criteria or exemptions.*)

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](http://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.)

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# APPLICATION FOR ORIGINAL CONTRACTOR LICENSE – EXAMINATION WAIVER (7065)

## General Information and Instructions *(continued)*

To apply for a waiver of the examination, you should complete this Application for Original Contractor's License – Examination Waiver (7065). Once your application has been posted, you must submit the initial license fee (\$200 for sole owner and \$350 for non-sole owner), and the bond, insurance, and other licensure requirements as shown on the following page, in addition to complying with the following:

- No person can act as the qualifier for more than one individual or firm unless: 1) there is common ownership of at least 20% of the equity of each business for which they act as the qualifier; 2) the additional firm is a subsidiary of or joint venture with the first ("subsidiary" means any business at least 20% of the equity is owned by the other business); **or** 3) the majority of officers, partners, or managers of the firms are the same. In such cases, a qualifying individual may act as the qualifier for no more than three (3) firms in any one-year period.

### **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](mailto: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). The license applicant is responsible for ensuring the training program is approved by HUD. Existing C-47 license holders are exempt from the requirement.

### **Bond, Insurance, and Other Licensure Requirements**

**All contractors** must meet specified bond, insurance, and other requirements for licensure with CSLB, as indicated on the following page. 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*, 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 Bond of Qualifying Individual 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 (10%) of the voting stock of the corporation or membership interest in the LLC. (*BPC section 7071.9*) Tribal businesses are exempt from this specific requirement.

#### **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*)

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

# APPLICATION FOR ORIGINAL CONTRACTOR LICENSE – EXAMINATION WAIVER (7065)

## General Information and Instructions *(continued)*

### **Disciplinary Bond**

An applicant whose license 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 \$1 million. For each additional member of personnel, the amount increases by \$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 must complete the Asbestos Open Book Examination as part of the licensure process. Information about this examination and the link to take it can be found on CSLB's website at [www.cslb.ca.gov](http://www.cslb.ca.gov). (*BPC section 7058.5*) Completion of this required open book examination does not authorize the licensee to engage in asbestos-related work.

### **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.

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

# APPLICATION FOR ORIGINAL CONTRACTOR LICENSE – EXAMINATION WAIVER (7065)

## General Information and Instructions *(continued)*

### **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, 7065, 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](http://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.

### **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](http://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 only 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.

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

**APPLICATION FOR ORIGINAL CONTRACTOR LICENSE – EXAMINATION WAIVER (7065)**  
**General Information and Instructions** *(continued)*

**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 824*) A separate form is required for each project on the owner-builder's property. A Certification of Work Experience form must also be completed by the qualifying individual on the application and certified by a qualified and responsible person who has direct knowledge of the experience performed on the project.

**REQUEST FOR LICENSE NUMBER REISSUANCE**

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 license 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).** The form outlines the specific circumstances under which an existing license number may be reissued to a new business entity. Such applicants must indicate whether they want the existing license number reissued to the new license or they **do not** want the existing license number reissued, but instead want a new license number issued to the new license. (*BPC section 7075.1*)

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



CONTRACTORS STATE LICENSE BOARD

STATE OF CALIFORNIA

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

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Application for Original Contractor License – Examination Waiver (7065)

Application Fees

- Single classification application ..... \$450
Each additional classification... \$150
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 #16

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. Boxes City State ZIPCode
3B. BUSINESS STREET ADDRESS Number/Street Only – NO P.O. Boxes or PMBs City State ZIPCode
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 are not acceptable). Limited liability companies (LLC) must provide a current and active California Secretary of State registration number below. If the 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 business entity information.) Tribal businesses must list the tribe under which they are incorporated as a business and list the qualifying individual and officers for their company. (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 # \_\_\_\_\_
[ ] Federally recognized tribe \_\_\_\_\_

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. See NOTE below about multiple qualifiers. You must provide full legal names of all individuals. (See the General Information and Instructions for more information.)

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

(NOTE: If this license will have multiple qualifiers for multiple classifications, please make a copy of this blank page and complete boxes 1 and 2 in Section 1 and all of Section 3 for each additional qualifier.)

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\*APP-waiver\*

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 under penalty of perjury. (The definition of "perjury" is telling a lie while under oath.) (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    |
| RESIDENCE ADDRESS Number/Street Only – <b>NO</b> P.O. Boxes or PMBs                                                                                                                                                                                                                                                                                                                                                                                                         |           |       | City   | State         | ZIP Code                          |
| TITLE OR POSITION ( <b>check only one</b> ) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Director<br><input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer - Title(s) _____                                                                                                                                                        |           |       |        |               | RESIDENCE PHONE NUMBER<br>(     ) |
| 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  |                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |       |        |               |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|--------|---------------|-----------------------------------|
| 9b. PERSONNEL FULL LEGAL NAME                                                                                                                                                                                                                                                                                                                                                                                                                                               | Last      | First | Middle | DATE OF BIRTH | SOCIAL SECURITY NUMBER or ITIN    |
| RESIDENCE ADDRESS Number/Street Only – <b>NO</b> P.O. Boxes or PMBs                                                                                                                                                                                                                                                                                                                                                                                                         |           |       | City   | State         | ZIP Code                          |
| TITLE OR POSITION ( <b>check only one</b> ) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Director<br><input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer - Title(s) _____                                                                                                                                                        |           |       |        |               | RESIDENCE PHONE NUMBER<br>(     ) |
| 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  |                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |       |        |               |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|--------|---------------|-----------------------------------|
| 9c. PERSONNEL FULL LEGAL NAME                                                                                                                                                                                                                                                                                                                                                                                                                                               | Last      | First | Middle | DATE OF BIRTH | SOCIAL SECURITY NUMBER or ITIN    |
| RESIDENCE ADDRESS Number/Street Only – <b>NO</b> P.O. Boxes or PMBs                                                                                                                                                                                                                                                                                                                                                                                                         |           |       | City   | State         | ZIP Code                          |
| TITLE OR POSITION ( <b>check only one</b> ) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Director<br><input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer - Title(s) _____                                                                                                                                                        |           |       |        |               | RESIDENCE PHONE NUMBER<br>(     ) |
| 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  |                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |       |        |               |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|--------|---------------|-----------------------------------|
| 9d. PERSONNEL FULL LEGAL NAME                                                                                                                                                                                                                                                                                                                                                                                                                                               | Last      | First | Middle | DATE OF BIRTH | SOCIAL SECURITY NUMBER or ITIN    |
| RESIDENCE ADDRESS Number/Street Only – <b>NO</b> P.O. Boxes or PMBs                                                                                                                                                                                                                                                                                                                                                                                                         |           |       | City   | State         | ZIP Code                          |
| TITLE OR POSITION ( <b>check only one</b> ) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Director<br><input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer - Title(s) _____                                                                                                                                                        |           |       |        |               | RESIDENCE PHONE NUMBER<br>(     ) |
| 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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**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 – 14 pertain to the qualifying individual only. If you checked “Yes” in response to any question, the person involved must attach a separate sheet with a detailed explanation for each situation.

**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

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

## **SECTION 6 – QUALIFIER EDUCATION, APPRENTICESHIP, AND MILITARY**

**Applicants must answer the following questions.** Applicants 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.

### **15. 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.)

### **16. 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), Reserves discharge (form DD 256), or proof of enrollment in Skillbridge. See instructions section under **Military**.

Yes  No

### **17. 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?

Yes  No

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.

If all required documentation is submitted with the application the application fee and initial license fee will be waived. All other fees will still be required.

### **18. 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.

Yes  No

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

## **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)

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## 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)**

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### PART 1 – QUALIFYING INDIVIDUAL (APPLICANT) INFORMATION

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- **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.

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### PART 2 – WORK EXPERIENCE AND CERTIFICATION STATEMENT

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- **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, in addition to the Certification of Work Experience form.
- 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)**



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
3. COMPANY'S BUSINESS STREET ADDRESS Number/Street Only - NO P.O. Boxes City State ZIP Code
4. WAS THE EXPERIENCE OBTAINED WORKING ON YOUR OWN PROPERTY AS AN OWNER-BUILDER (see previous page for definition)?

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):
FOR A TOTAL OF
FROM TO = YEAR(S) and MONTH(S)
(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 Name of Qualifying Individual (Applicant) is or was (check all that apply):
Employer Contractor (License Number) Foreman or Supervisor
Journeyman Fellow Employee Union Representative Business Associate

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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\*ADDL-cert\*



Request for License Number Reissuance

This form must be completed by existing sole owners applying for a corporate or limited liability company (LLC) license AND by existing corporations applying for an LLC license AND must be submitted in conjunction with a completed Application for Original Contractor License – Examination Waiver (7065).

This form is required regardless of whether or not the licensee wants their existing sole owner or corporate license number reissued to the new corporation or LLC. You must complete and sign the form below and:

- Check the "Yes" box and provide the requested information if you do want the existing license number reissued to the new entity and you meet the criteria listed below, OR
Check the "No" box if you do not want the existing license number reissued – a new license number will be issued to the new entity.

Table with 2 columns: California law allows an existing sole ownership license number to be reissued to a new corporation or LLC if all of the following requirements are met; California law allows an existing corporate license number to be reissued to a new LLC if all of the following requirements are met.

Please be aware that once the license number is reissued, it belongs to the new corporation or LLC and cannot be reissued to an individual or corporation at a later date.

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

Form fields: 1. NAME OF NEW BUSINESS, 2. EXISTING CSLB LICENSE NUMBER, 3. BUSINESS NAME OF EXISTING LICENSEE, 4. PLEASE CHECK ONLY ONE BOX BELOW (YES/NO), 5. Date, Signature, Printed Name.

Important Notice About Reissued License Numbers and Joint Venture Licenses

When a sole ownership or corporate license number that was previously associated with a joint venture license is reissued to a new corporation or LLC, the joint venture license is cancelled. The remaining entities may request a continuance of the joint venture license to complete projects already contracted for or in progress before the cancellation date.

\*REISSUE-CONF\*

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