



**CONTRACTORS STATE LICENSE BOARD**

STATE OF CALIFORNIA

*Northern California:*  
 Sacramento Intake & Mediation Center  
 P.O. Box 269116, Sacramento, California 95826-9116  
 1-800-321-CSLB (2752)

*Southern California:*  
 Norwalk Intake & Mediation Center  
 12501 East Imperial Highway, Suite 620, Norwalk, California 90650  
 1-800-321-CSLB (2752)

www.cslb.ca.gov

**Building Department Referral Form**

**REPORTING AGENCY**

AGENCY NAME \_\_\_\_\_

ADDRESS number street \_\_\_\_\_

city county state ZIP code \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**CONTRACTOR INFORMATION**

CONTRACTOR NAME \_\_\_\_\_

DBA \_\_\_\_\_

ADDRESS number street \_\_\_\_\_

city state ZIP code \_\_\_\_\_

LICENSE NO. USED, IF ANY \_\_\_\_\_ EMPLOYEES?  YES  NO HOW MANY? \_\_\_\_\_

**PROJECT INFORMATION**

OWNER OF CONSTRUCTION SITE \_\_\_\_\_

CONSTRUCTION SITE ADDRESS number street \_\_\_\_\_

number street city state ZIP \_\_\_\_\_ city state ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ TYPE OF WORK \_\_\_\_\_

**NATURE OF REFERRAL**

UNLICENSED ACTIVITY

CONTRACTING WITH AN INACTIVE, REVOKED, SUSPENDED OR EXPIRED LICENSE

NO WORKERS' COMPENSATION

BUILDING CODE VIOLATIONS

OTHER

DATE(S) OF OCCURRENCE(S): \_\_\_\_\_

**ADDITIONAL INFORMATION**

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO EXPEDITE CSLB'S INVESTIGATION, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE. ATTACH A BUSINESS CARD, COPY OF PERMIT APPLICATION, CITY BUSINESS LICENSE, ETC. RETURN THE COMPLETED FORM AND ATTACHMENTS TO THE NEAREST OFFICE OF THE CONTRACTORS STATE LICENSE BOARD.**

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

COMPLAINT NUMBER		TYPE CNST	IN V	ORG	PRTY	DATE RECEIVED			SPECIAL PROJECT	DT STAT EXP			CSR INIT	ASSIGNED TO CSR			ER INIT	ASSIGNED TO ER			
FY						MO	DA	YR		MO	DA	YR		MO	DA	YR		MO	DA	YR	
LICENSE NUMBER						CLOSURE LETTER			DISPOSITION	DATE CLOSED			STATUS CHANGE						STP		
SECTIONS VIOLATED						C			C												