



License Verification Request

This section to be completed by the applicant:

Please complete the top section of this page only, then submit this request to the agency that can verify your license. That agency will return the verification to you at the address you provide below. **DO NOT OPEN THE ENVELOPE CONTAINING THE VERIFICATION.** Forward the sealed envelope to the CSLB along with your application for licensure.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

NAME _____

MAILING ADDRESS number/street or P.O. box _____ city _____ state _____ ZIP code _____

I am currently applying as a _____ in the State of California.
(ENTER CLASSIFICATION)

I am requesting verification from the State of _____ where I hold license number _____
under the business name _____

My social security or federal employer ID number is _____ .

Signature of applicant _____ Date _____

Verification of License

This section to be completed by the verifying agency:

Please complete the following, place this page in an envelope, seal it, and then give or mail it to the applicant.

I verify that the State of _____ first licensed _____
(NAME OF LICENSEE)

as a _____ and assigned license number _____
(ENTER CLASSIFICATION)

effective _____ . The current status of this license is _____
(DATE)

Additional Classifications Held:

PLEASE AFFIX OFFICIAL SEAL BELOW:

Classification _____ Issue Date _____

Classification _____ Issue Date _____

Classification _____ Issue Date _____

Classification _____ Issue Date _____

Disciplinary Action _____

_____ No Disciplinary Action

Signature _____ Date _____

Title _____ Phone () _____

Agency _____



Notice on Collection of Personal Information

CSLB collects the personal information requested on this form as authorized by B&P Code § 30 and CCR 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 or renewal unless you provide all of the requested information. You may review the records maintained by the CSLB that contain your personal information, as permitted by the Information Practices Act. We make 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 in response to a court or administrative order, a subpoena, or a search warrant. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 400 R Street, Sacramento, CA 95814, or email privacy@dca.ca.gov.