



CONTRACTORS STATE LICENSE BOARD

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

STATE OF CALIFORNIA

FOR CSLB USE ONLY

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 <i>(Only one classification may be requested on the original application if an exam is required.)</i>		
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)*

- | | |
|--|--|
| <input type="checkbox"/> Sole Ownership (not a corporation or LLC) | <input type="checkbox"/> Partnership – Federal Employer ID # _____ |
| <input type="checkbox"/> California Corporation # _____ | <input type="checkbox"/> Limited Liability Company # _____ |
| <input type="checkbox"/> 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 ()
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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
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(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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A P P - W A I V E R

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 – NO P.O. Boxes or PMBs				City	State	ZIP Code	DRIVER LICENSE #
TITLE OR POSITION (check only one) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Director <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer - Title(s)						RESIDENCE PHONE NUMBER ()	

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 – NO P.O. Boxes or PMBs				City	State	ZIP Code	DRIVER LICENSE #
TITLE OR POSITION (check only one) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Director <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer - Title(s)						RESIDENCE PHONE NUMBER ()	

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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 – NO P.O. Boxes or PMBs				City	State	ZIP Code	DRIVER LICENSE #
TITLE OR POSITION (check only one) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Director <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer - Title(s)						RESIDENCE PHONE NUMBER ()	

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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 – NO P.O. Boxes or PMBs				City	State	ZIP Code	DRIVER LICENSE #
TITLE OR POSITION (check only one) <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Director <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer - Title(s)						RESIDENCE PHONE NUMBER ()	

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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?**

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.

Yes No

- 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)?**

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.

Yes No

(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)?**

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.

Yes No

- 13. (This question must be answered by the qualifying individual.) 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 any of the following activities: supervising construction operations, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, and/or 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.)

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

Yes No

- 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 details in the General Information and Instructions under Military Service.

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 General Information and 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?

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 General Information and Instructions Immigration Status Expedites.

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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STATE OF CALIFORNIA

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.

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:
<ul style="list-style-type: none">▪ The existing sole ownership license is in good standing;▪ The corporation or LLC was formed by the same individual licensee as the sole ownership license; and▪ The licensee maintains ownership directly or indirectly of shares or membership interests evidencing more than 50 percent of the voting power of the new corporation or LLC.	<ul style="list-style-type: none">▪ The existing corporate license is in good standing immediately before its cancellation in connection with the application for an LLC license;▪ The LLC was formed by a corporation to continue the business of the corporation subsequent to the cancellation of the corporate entity's license; and▪ The personnel listed for each entity are the same.

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.

1. NAME OF NEW BUSINESS (as shown in Section 1 on the Application for Original Contractor License – Examination Waiver (7065))

2. EXISTING CSLB LICENSE NUMBER 3. BUSINESS NAME OF EXISTING LICENSEE (as shown on CSLB records)

4. PLEASE CHECK **ONLY ONE** BOX BELOW:

YES – Reissue my existing sole ownership or corporate license number, # _____, to the business named above. I certify that I own _____ % of the shares or membership interests of this new corporation or LLC. I understand that the license number cannot be reissued back to me as a sole owner or corporation in the future.

NO – DO NOT reissue my existing sole ownership or corporate license number to this new corporation or LLC. Please issue a new license number to the new entity.

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. The continuance may be granted for a period of up to one year. The written request must be received by CSLB headquarters within 90 days after the cancellation date (date of reissue). (*Business and Professions Code section 7076*)



REISSUE - CONFIRM

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