

**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 Additional Classification*Use this application only to add a single classification to an existing license.***Application Fee for One****Additional Classification \$230**☐ Voluntary contribution to Construction Management Education Account \$_____

The application fee of \$230 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.

Please type or print neatly and legibly in black or dark blue ink.**SECTION 1 – BUSINESS NAME AND ADDRESS****Business Name:** The full, legal business name as it appears on the CSLB license must be provided. *Please refer to the General Information and Instructions for information on business name styles.*

1. FULL BUSINESS NAME		CSLB LICENSE NUMBER	2. CLASSIFICATION REQUESTED (<i>Only one classification may be requested on this application.</i>)	
3a. BUSINESS MAILING ADDRESS Number/Street or P.O. Box		City	State	ZIP Code
3b. BUSINESS STREET ADDRESS Number/Street Only – NO P.O. Boxes or PMBs		City	State	ZIP Code
4. BUSINESS PHONE NUMBER ()	BUSINESS FAX NUMBER ()	BUSINESS EMAIL ADDRESS		

SECTION 2 – NEW CLASSIFICATION QUALIFYING INDIVIDUAL FULL LEGAL NAME AND ADDRESS**Qualifying Individual (Qualifier):** A qualifying individual is required for every classification on every license issued by CSLB. You must provide **full legal name** of the qualifier below. (*See the General Information and Instructions for more information.*)

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

8. 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.

9. **Both signatures are required if:**
- the qualifier is an RME, or
 - the qualifier is an RMO or responsible managing manager or member who is not a current officer, manager, or member on the license.

I/we 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 of Qualifying Individual (<i>Mandatory</i>)	Printed Name of Qualifying Individual (<i>Mandatory</i>)
Date	Signature of Owner, General Partner, Current Officer, Manager, Member or Director (<i>If Required</i>)	Printed Name of Owner, General Partner, Current Officer, Manager, Member or Director (<i>If Required</i>)

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

SECTION 3 – REQUIRED APPLICATION QUESTIONS

All questions in this section must be answered. 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, are you (or any company that you are or were 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, have you (or any company that you are or were 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.

(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.

☐ Yes ☐ No

- 12. To the best of your knowledge, have you 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.)** Direct supervision and control over construction operations includes any one or a combination of the following activities: supervising construction, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on construction job sites. **Will you, as the qualifying individual, perform one or more of these duties?**

☐ Yes ☐ No

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

☐ Yes ☐ No

- 15. The examinations are administered in English.** Will you require the use of a CSLB-approved translator? **If yes**, in what language will your translator read the exam? _____

☐ Yes ☐ No

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

SECTION 4 – QUALIFIER EDUCATION, APPRENTICESHIP, LICENSURE, AND MILITARY

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

16. Have you completed an educational or apprenticeship program?

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

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

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

☐ Yes ☐ No

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

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

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

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

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

☐ Yes ☐ No

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

If you checked "Yes" for this question, please provide the following documentation for review to potentially receive expedited processing:

- 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 GNB 22) or Reserves discharge (form DD 256). See instructions section under **Military.**

☐ Yes ☐ No

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

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

AND

☐ Yes ☐ No

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

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

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

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

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

☐ 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)