



**CONTRACTORS STATE LICENSE BOARD**

P.O. BOX 26000, SACRAMENTO, CA 95826  
1-800-321-2752 OR (916) 255-3900



<p><b>CHANGING BUSINESS NAME AND/OR ADDRESS</b></p> <p><b>APPLICATION FOR:</b></p> <p><b>OR</b></p> <p><b>CERTIFIED WALL CERTIFICATES AND/OR POCKET LICENSE CARDS</b></p>
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Pursuant to Section 7083 of the Business and Professions Code, a change of business name and/or address must be reported to the Contractors State License Board within 90 days of the change. **There is no fee to change a business name or address.**

**INSTRUCTIONS**

**Address Change Only** - complete sections 1 through 6 and 8.

**Name Change Only OR Name and Address Change** - complete sections 1 through 8. Also complete section 9, if a certified wall certificate and/or pocket license card is wanted.

**Certified Wall Certificates and/or Pocket License Cards Only** - complete sections 1 through 4, 8 and 9.

**PLEASE TYPE OR PRINT IN INK. FORMS COMPLETED IN PENCIL ARE NOT ACCEPTABLE.**

1. LICENSE NUMBER OR PENDING APPLICATION NUMBER	2. DAYTIME BUSINESS TELEPHONE NUMBER (     )	3. EVENING TELEPHONE NUMBER (     )
4. FULL NAME OF BUSINESS (as it currently appears on the records of the CSLB)		
5. NEW BUSINESS MAILING ADDRESS (Number/Street or P.O. Box)	CITY	STATE    ZIP CODE
<b>IF THE BUSINESS MAILING ADDRESS IS A P.O. BOX, YOU MUST ALSO PROVIDE THE STREET ADDRESS OF THE BUSINESS</b>		
6. BUSINESS STREET ADDRESS (Number/Street)	CITY	STATE    ZIP CODE

**GENERAL INFORMATION WHEN CHANGING A BUSINESS NAME:** You may change the business name of your license on this application if (1) the new name does not indicate that you qualify for a classification other than the classification(s) in which you are presently licensed; (2) the new name does not indicate a change in personnel; or (3) the new name does not indicate a change in entity.

**INFORMATION WHEN CHANGING A BUSINESS NAME ON A CORPORATION:** Before the CSLB can change your corporate name, you must first change the corporate name as registered with the Secretary of State's Office. If you are simply adding a "DBA" to the existing registered corporate name, you do not need to make any changes with the Secretary of State's Office.

7. NEW BUSINESS NAME	
	7A. CORPORATIONS ONLY: (Provide Your Secretary of State Corporate Number)

8. THE FOLLOWING CERTIFICATION MUST BE COMPLETED AND SIGNED BY A MEMBER OF PERSONNEL CURRENTLY LISTED ON THE RECORDS OF THE CSLB. A RESPONSIBLE MANAGING EMPLOYEE (RME) CANNOT SIGN THIS FORM.	
On _____ date at _____ city _____ county _____ state, I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the above information.	
Signature of Owner, Partner or Officer _____	Print Name _____

**GENERAL INFORMATION WHEN REQUESTING CERTIFIED WALL CERTIFICATES AND/OR POCKET LICENSE CARDS:** Wall certificates and pocket license cards will only be ordered for licenses currently renewed and in good standing.

**FEE: SUBMIT \$2.00 FOR EACH CERTIFICATE AND POCKET LICENSE CARD REQUESTED. EXCEPTION:** If you return your wall certificate and/or current pocket license card with this application, we will replace them without a fee. However, if you need additional wall certificates or pocket license cards, you must pay \$2.00 for each certificate/card requested. **DO NOT SEND CASH**, attach a money order, personal, certified, or cashier's check payable to the Contractors State License Board. There will be a service charge for dishonored checks. **NOTE: FEES UNDER \$10.00 CANNOT BE REFUNDED.**

9. IN THE APPROPRIATE BOX, SHOW THE NUMBER BEING REQUESTED	
WALL CERTIFICATE: <input style="width: 50px;" type="text"/>	POCKET LICENSE CARD: <input style="width: 50px;" type="text"/>

**FOR OFFICE USE ONLY**

NO FEE REPLACEMENT:
CHANGE MADE:
EFFECTIVE DATE:
PROCESSED DATE:
P.T. INITIALS: