



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

STATE OF CALIFORNIA
Arnold Schwarzenegger, Governor

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Application for Additional Classification

Use this application only to add a classification to an existing license.

Application Fee for Each Additional Classification\$50.

Voluntary contribution to Construction Management Education Account\$

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 \$10 service charge for each dishonored check.

The application fee of \$50 is not refundable once the application has been filed.

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 license must be provided.

Name Compatibility: The business name must be compatible with the license classification. For example, it would not be acceptable for ABC123 Tile to apply for a B-General Building Contactor license, but it would be acceptable for ABC123 Construction to apply for a B license or for ABC123 Tile to apply for a C-54 Ceramic and Mosaic Tile license.

Form with fields for: 1. FULL BUSINESS NAME, CSLB LICENSE NUMBER, 2. CLASSIFICATION REQUESTED, 3a. BUSINESS MAILING ADDRESS, 3b. BUSINESS STREET ADDRESS, 4. BUSINESS PHONE NUMBER, BUSINESS FAX NUMBER, BUSINESS E-MAIL 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 names of all individuals. (See page 1 of the General Information section for more information.)

Form with fields for: 5. QUALIFIER'S FULL LEGAL NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, 6. RESIDENCE ADDRESS, 7. PERCENTAGE OF NEW BUSINESS OWNED BY THE QUALIFIER, RESIDENCE PHONE NUMBER, DRIVER LICENSE NUMBER, 8. TITLE OR POSITION (check only one).

9. THE EXAMINATIONS ARE ADMINISTERED IN ENGLISH. IF YOU WILL REQUIRE THE USE OF A TRANSLATOR, PLEASE CHECK THIS BOX.

Both signatures are required if - the qualifier is an RME, or - the qualifier is an RMO who is not a current officer 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 accurate, and that I/we have reviewed the entire contents of this application.

Signature lines for Qualifying Individual and Owner/Partner/Current Corporate Officer.

(NOTE: If this license will have multiple qualifiers for multiple classifications, please make a copy of this blank page and complete the first line of Section 1 and all of Section 2 for each additional qualifier.)

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SECTION 3 – REQUIRED APPLICATION QUESTIONS

All questions in this section must be answered. Questions 10, 11, and 12 pertain to **all** individuals listed on this application (qualifying individual and additional person who signed Section 2 of the application, if applicable). 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 was a part of, or any immediate family member of the applicant) named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against any bond or cash deposit pertaining to a construction project?** (*Immediate family is defined by B&P Code Section 7075.1 as a spouse, brother, sister, son, daughter, stepson, stepdaughter, grandson, granddaughter, son-in-law, or daughter-in-law.*) Yes No

If you checked Yes, 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.

11. **Has anyone listed on this application ever pleaded guilty or no contest to or been convicted by a court of any misdemeanor or felony in this state or elsewhere?** You are required to check Yes and provide all of the requested information even if the conviction was sealed or expunged under Penal Code Section 1203.4 or an applicable code of another state. Yes No

If you checked Yes, you are required to attach a statement disclosing all pleas/convictions, including violated law sections, and thoroughly explain the acts or circumstances which resulted in the plea/conviction. In addition, the following information must be included for each plea/conviction: date of the plea/conviction, county and state where the violation took place, name of the court, court case number, sentence imposed, jail/prison term served, terms and conditions of parole or probation, parole or probation completion dates, and parole agent/probation officer names and phone numbers. **You may submit the required information using the Disclosure Statement Regarding Criminal Plea/Conviction form that is available on CSLB's website.**

The information provided will be verified through CSLB's fingerprinting requirements. Failure to report a plea/conviction is considered falsification of your application and is grounds for denial of your application.

12. **To the best of your knowledge, has anyone on this application (or any company the person was a part of, or any immediate family member of the applicant) ever received a citation from the Contractors State License Board or had a contractor's license or other professional or vocational license denied, suspended, or revoked by this state or elsewhere?** (*Check No if the license was suspended due to lack of a bond, workers' compensation, a qualifier, or family support.*) Yes No

If you checked Yes, you are required to attach a statement detailing the events leading to this action.

13. (*This question must be answered by the qualifying individual.*) The Registrar of Contractors has determined that direct supervision and control 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].*) CCR Section 823 states that an RME must work at least 32 hours per week or 80% of the total operating hours per week for the entity for which he or she acts as the qualifier. **Will you as the Responsible Managing Employee meet the requirement of CCR Section 823 cited above?** Yes No

RECIPROCITY – If you are seeking waiver of the trade examination because you are licensed in one of the specified classifications in **Arizona, Nevada, and/or Utah**, please check this box. For more information, see page 2 of 4 of the General Instructions.

SECTION 4 – QUALIFYING INDIVIDUAL EDUCATION AND APPRENTICESHIP

15. HAVE YOU COMPLETED AN EDUCATIONAL OR APPRENTICESHIP PROGRAM? Yes No

IF YOU CHECKED YES,

YOU MAY BE GRANTED CREDIT FOR COMPLETED EDUCATION IF YOU:

- Submit a copy of your diploma for a four-year degree in a business or construction-related field; **OR**
- Submit transcripts for a two-year degree (or less), technical training (must include course hours and descriptions), and all other degrees. **Transcripts must be official and contained in a sealed envelope. (If you received your degree outside the United States, your transcripts must be translated 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:

- Submit a copy of your apprenticeship certificate; **AND**
- Enter the beginning and ending dates of your completed apprenticeship program: From _____ to _____
(*The apprenticeship period cannot overlap the journeyman level experience period being certified.*) Month/Day/Year Month/Day/Year

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Certification of Work Experience

Please read the General Information section on the previous page before beginning.

The qualifying individual must complete the information in Part 1; the individual certifying the experience (certifier) must complete Part 2. The experience must be verifiable through payroll records or similar documents. If additional space is needed to list the trade duties, please attach a separate sheet. Use a separate form for each employer. If you need additional forms, please make a copy of this blank form or visit CSLB's website.

Please type or print neatly and legibly in black or dark blue ink.

FORMS CONTAINING STRIKEOUTS OR MODIFICATIONS MAY NOT BE ACCEPTED.

Corrections on the Certification of Work Experience forms must be initialed by the certifier.

PART 1 - QUALIFYING INDIVIDUAL INFORMATION

The qualifying individual must complete Part 1 in its entirety.

1. QUALIFIER'S FULL LEGAL NAME last first middle
2. BUSINESS NAME OF EMPLOYER - OR, IF YOU WERE SELF EMPLOYED, LEAVE THIS SPACE BLANK AND CHECK THIS BOX
3. EMPLOYER'S BUSINESS STREET ADDRESS number/street only - NO P.O. boxes city state ZIP code
4. WAS THE EXPERIENCE OBTAINED WORKING ON YOUR OWN PROPERTY AS AN OWNER/BUILDER

PART 2 - WORK EXPERIENCE AND CERTIFICATION STATEMENT

The certifier must complete Part 2 in its entirety after the qualifying individual has completed Part 1.

5. APPLICANT'S JOURNEYMAN-LEVEL OR HIGHER TIME-BASE WORKED WAS (check one):
6. IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION FOR WHICH HE/SHE IS APPLYING.
My relationship to Name of Qualifying Individual (Applicant) is or was (check all that apply):
CERTIFIER'S STREET ADDRESS number/street only - NO P.O. boxes city state ZIP code
PHONE NUMBER FAX NUMBER E-MAIL ADDRESS
I certify that I have direct knowledge of the work covering the time period outlined above.
7. Date Signature Printed Name

Note: For information on the collection of personal information, please refer to the General Information section at the beginning of this application package, under the heading "Notice on Collection of Personal Information."

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