

**CONTRACTORS STATE LICENSE BOARD**

STATE OF CALIFORNIA

FOR CSLB USE ONLY

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**Application for Original Contractor License****Application Fees****Single classification application**\$450

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 examinations

* Military Veterans see question #18

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

3a. BUSINESS MAILING ADDRESS Number/Street or P.O. Boxes

City

State

ZIP Code

3B. BUSINESS STREET ADDRESS Number/Street Only – NO P.O. Boxes or PMBs

City

State

ZIP Code

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 and individual taxpayer identification numbers [ITIN] are not acceptable). **Limited liability companies (LLC)** must provide a current and active California Secretary of State registration number below. If this 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. **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)**☐ Sole Ownership (not a corporation or LLC)☐ Partnership – Federal Employer ID # _____☐ California Corporation # _____☐ Limited Liability Company # _____☐ 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. You must provide full legal names of all individuals. (See the General Information and Instructions for more information on completing this section.)

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

()

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 certify that I agree to the Examination Security Acknowledgement (see the General Information and Instructions for more information). 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

Charles Linus Brown



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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 statement under penalty of perjury. (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"/> 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	

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"/> 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	

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"/> 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	

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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 – 15 pertain to the qualifying individual only.

- 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.

(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, 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.)** 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?

☐ Yes ☐ No

If yes, in what language will your translator read the examination? _____

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 6 – 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 to 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 and a 50% reduction in the initial license fee:

☐ Yes

☐ No

- 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 instructions section under **Military**.

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?

☐ Yes

☐ No

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?

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**.

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.

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

☐ Yes

☐ No

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.

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)



Certification of Work Experience

Please read the General Information on the previous page before beginning this form.

The qualifying individual from Page 1 of the application must complete the information in Part 1 below; then, the certifier (person certifying the experience) 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 that must also be signed under the same certification statement contained below in line 9.

Use a separate form for each employer or work setting. If you need additional forms, please make a copy of this blank form or visit CSLB's website to print the form.

Please type or print neatly and legibly in black or dark blue ink – pencil is not acceptable.

FORMS CONTAINING STRIKEOUTS OR MODIFICATIONS MAY NOT BE ACCEPTED. Corrections must be initialed by the certifier.

PART 1 – QUALIFYING INDIVIDUAL (APPLICANT) INFORMATION

The qualifying individual must complete Part 1 in its entirety before the certifier completes Part 2.

1. QUALIFIER'S FULL LEGAL NAME	Last	First	Middle
2. BUSINESS NAME OF COMPANY WHERE EXPERIENCE WAS GAINED – OR, IF YOU WERE SELF-EMPLOYED, LEAVE THIS SPACE BLANK AND CHECK THIS BOX <input type="checkbox"/> (If you checked the box, skip line 3 and go to line 4.)	LICENSE NUMBER OF COMPANY WHERE EXPERIENCE WAS GAINED		
3. COMPANY'S BUSINESS STREET ADDRESS	Number/Street Only – NO P.O. Boxes	City	State ZIP Code
4. WAS THE EXPERIENCE OBTAINED <u>WORKING ON YOUR OWN PROPERTY</u> AS AN <u>OWNER-BUILDER</u> (see previous page for definition)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you checked "Yes" above, use the Owner-Builder B-General Building Construction Project Experience form to provide information on completed projects.		

PART 2 – WORK EXPERIENCE AND CERTIFICATION STATEMENT

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

5. APPLICANT'S JOURNEYMAN-LEVEL OR HIGHER TIME-BASE WORKED IN SPECIFIC TRADE DUTIES (check one):	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	FROM _____ TO _____ = _____ YEAR(S) and _____ MONTH(S) Month/Day/Year Month/Day/Year (List ONLY journeyman-level or higher experience that was obtained in the applicable classification.)	FOR A TOTAL OF (Do not claim credit for full-time work if applicant worked only part-time or if trade duties in requested classification were only one component of entire job. For example, if applicant worked half-time in specific trade duties for six (6) years, write "3 years" in the space above.)
6. IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION FOR WHICH THEY ARE APPLYING. PLEASE REFER TO THE DESCRIPTION OF CLASSIFICATIONS DOCUMENT FOR ASSISTANCE. (Do not list office work or individual project names.)			
7. My business relationship to _____ is or was (check all that apply): Name of Qualifying Individual (Applicant) <input type="checkbox"/> Employer <input type="checkbox"/> Contractor (License Number _____) <input type="checkbox"/> Foreman or Supervisor <input type="checkbox"/> Journeyman <input type="checkbox"/> Fellow Employee <input type="checkbox"/> Union Representative <input type="checkbox"/> Business Associate			
8. CERTIFIER'S STREET ADDRESS Number/Street Only – NO P.O. Boxes City State ZIP Code			
PHONE NUMBER ()		FAX NUMBER ()	EMAIL ADDRESS
9. I certify that I have <u>direct knowledge of the work covering the time period outlined above</u> . I certify under penalty of perjury, under the laws of the State of California, that the information stated above is true and correct.			
Date	Signature Stevenland Morris Judkins	Printed Name	

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

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