CONTRACTORS STATE LICENSE BOARD



9821 Business Park Drive, Sacramento, California 95827 Mailing Address: P.O. Box 26000, Sacramento, CA 95826 800-321-CSLB (2752) www.cslb.ca.gov • CheckTheLicenseFirst.com

Statement Regarding Criminal Plea/Conviction

CSLB will not deny a license based on a conviction without considering evidence of rehabilitation submitted by an applicant. The form below can be used to assist CSLB in determining whether a crime is substantially related to the qualifications, functions, or duties of a licensee or registrant, as well as to provide rehabilitation information. The form can be used for any plea or conviction within the preceding (7) years and/or a plea or conviction related to a serious felony or financial crime as defined at https://www.cslb.ca.gov/about_Us/faqs/fingerprint_q and a.aspx.

Please complete one form for each plea or conviction. All fields must be completed.

Applicant Name:					
Arresting Agency:					
Plea/Conviction Date	::				Court Case/Docket Number:
Plea/Conviction Leve	l:	☐ Misdeme	anor		Felony
Court Name and Location:					Violation Code(s):
Sentence Imposed: Please describe any punishment impos			any punishm	ent impose	ed by the court.
Incarceration Date:					Release Date:
Probation/Parole Date:					Completion Date:
Terms and Conditions of Probation/Parole:					Probation Officer/Parole Agent Name & Phone Number:
Fines (amount):	Fines (amount): \$		Paid? 🔲 Ye	es 🔲 No	Restitution (amount): \$ Paid? Yes No
Details of Crime:				mplete description of the facts and circumstances that led to your conviction. You should tim was; what losses were suffered; and when, where, and how the crime occurred.	
Rehabilitation Efforts: What positive changes have you made in your life since this conviction? Please attach documentation to support any					
	•	rehabilitation	efforts.		



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