



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 | CheckTheLicenseFirst.com

STATE OF CALIFORNIA

FOR CSLB USE ONLY

Application to Change Home Improvement Salesperson Address (No Fee)

Order Pocket Registration Card (\$12 Each)

Changing the Home Improvement Salesperson's (HIS) Address of Record: You may change the mailing address (address of record) and/or residence address for the **HIS only** using this form. This form is not for changing a licensed contractor's business address of record. **Please be aware that the address of record is made available to the public and is used for service of all official correspondence, notices, and orders from the Contractors State License Board (CSLB), such as renewal notices.** You are required to notify the CSLB Registrar **within 90 days** of any change in address (Business and Professions Code section 7083).

Ordering a Pocket Registration Card: You may order a pocket registration card only if your HIS registration is currently renewed and has no current suspensions on record. A pocket card cannot be ordered for a pending HIS application. **Submit \$12 for a pocket card.** Attach a money order or a personal, business, certified, or cashier's check payable to the Registrar of Contractors. Do not send cash. There is a \$10 service charge for each dishonored check.

- Address change only:** Complete sections 1 through 7 and 9
- Pocket card only (not for pending HIS applicants):** Complete sections 1, 2, 8, and 9
- Address change and pocket card:** Complete all sections

**Please type or print legibly in black or dark blue ink.
ALL FORMS MUST BE DATED AND SIGNED IN SPACE PROVIDED BELOW.**

1. HIS FULL LEGAL NAME Last First Middle			2. HIS REGISTRATION OR APPLICATION NUMBER	
3. NEW MAILING ADDRESS (ADDRESS OF RECORD) (Number & Street or P.O. Box)			City	State ZIP Code
4. IF NEW MAILING ADDRESS IS A P. O. BOX OR PERSONAL MAIL BOX (PMB), PROVIDE A PHYSICAL STREET ADDRESS (Number & Street)			City	State ZIP Code
5. PHONE NUMBER ()		6. FAX NUMBER ()		7. E-MAIL ADDRESS
8. INDICATE THE QUANTITY ORDERED AND SUBMIT PAYMENT OF \$12 FOR EACH ITEM POCKET LICENSE(S) _____				
I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made or provided by me in this application, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this application.				
9. DATE	SIGNATURE OF HOME IMPROVEMENT SALESPERSON		PRINTED NAME OF HOME IMPROVEMENT SALESPERSON	

NOTICE ON COLLECTION OF PERSONAL INFORMATION

CSLB collects the personal information requested on this form as authorized by BPC sections 136, 7083, and 7083.1. CSLB uses this information to change the mailing address of an HIS registrant. Submission of the requested information is mandatory. CSLB cannot consider your application to change your HIS registration address unless you provide all of the requested information. You may review the records maintained by CSLB that contain your personal information, unless the records are identified as confidential information and exempted from disclosure by the Information Practices Act, including Civil Code section 1798.40. CSLB makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act; to another government agency as required by state or federal law or as provided in Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. The Custodian of Records is responsible for maintaining the information on this form and may be contacted at the address and telephone number listed in the letterhead above for questions about this notice or access to records.



H I S - A D D R - C H G