



CONTRACTORS STATE LICENSE BOARD

Northern SWIFT
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Central SWIFT
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Norwalk, CA 90650
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F 562.466.6065
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STATE OF CALIFORNIA
www.cslb.ca.gov | CheckTheLicenseFirst.com

Lead Referral – Active Project Site

Statewide Investigative Fraud Team (SWIFT)

TODAY'S DATE

SUSPECT INFORMATION

STATUS: <input type="checkbox"/> UNLICENSED <input type="checkbox"/> LICENSED		LICENSED NUMBER USED:	
NAME (first, last)		BUSINESS NAME	
ADDRESS (include street, city, state, and zip code)			
PHONE NUMBER (include area code)		CELL NUMBER (include area code)	EMAIL ADDRESS
VEHICLE LICENSE	MAKE	MODEL	COLOR
YEAR	GENDER	RACE	AGE
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
OTHER			

PROJECT INFORMATION

PROPERTY: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL		CONTRACTOR: <input type="checkbox"/> PRIME CONTRACTOR <input type="checkbox"/> SUBCONTRACTOR	
ADDRESS (include street, city, state, and zip code)		GATE CODE:	
CROSS STREETS			
PROJECT OWNER <input type="checkbox"/> OVER 65		OWNER PHONE NUMBER (include area code)	
TYPE OF WORK SUSPECT IS PERFORMING		NUMBER OF EMPLOYEES (WORKERS) ON SITE	
HOW LONG HAS SUSPECT BEEN ON JOB SITE?		HOW MUCH LONGER WILL SUSPECT BE ON JOB SITE?	
IF SUSPECT LICENSED, WHAT IS ALLEGED VIOLATION?		PHOTOS AVAILABLE: <input type="checkbox"/> NO <input type="checkbox"/> YES (if so, please provide)	

REPORTING PARTY INFORMATION (REQUIRED)

CURRENT CONTACT INFORMATION MUST BE PROVIDED BEFORE CSLB WILL TAKE ACTION.		REMAIN CONFIDENTIAL: <input type="checkbox"/> NO <input type="checkbox"/> YES	
NAME (first, last)		CSLB LICENSE NUMBER (optional):	
ADDRESS (include street, city, state, and zip code)			
PHONE NUMBER (include area code)		CELL NUMBER (include area code)	EMAIL ADDRESS
ORIGIN: <input type="checkbox"/> PUBLIC <input type="checkbox"/> INDUSTRY <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> OTHER			
<input type="checkbox"/> I AM WILLING TO PROVIDE OR ASSIST IN LOCATING A STING PROPERTY.			

FOR CSLB USE ONLY

CASE NUMBER	ENFORCEMENT REPRESENTATIVE		DATE ASSIGNED
RECEIVED VIA: <input type="checkbox"/> FAX <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> U.S. MAIL <input type="checkbox"/> HAND DELIVERED			
REFERRED TO: <input type="checkbox"/> EDD <input type="checkbox"/> DIR <input type="checkbox"/> DLSE <input type="checkbox"/> DOSH <input type="checkbox"/> DOI <input type="checkbox"/> BUILDING DEPARTMENT <input type="checkbox"/> OTHER			