

**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
 Governor Gavin Newsom

FOR CSLB USE ONLY

Application for Original Contractor License

Application Fees

- Single classification..... **\$300***
- Initial license fee (to be paid after exam) \$180*
- Total fees required for original license \$480*
- Voluntary contribution to Construction Management Education Account \$_____

The application fee for a single classification (\$300*) 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 \$10 service charge for each dishonored check.

*** Fees will increase effective July 1, 2017 – \$330 single classification and \$200 initial license, totaling \$530.**

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 Page 1 of 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.)		
ABC123 Tile		C-54		
3a. BUSINESS MAILING ADDRESS Number/Street or P.O. Box		City	State	ZIP Code
P.O. Box 1234		Sacramento	CA	95814
3b. BUSINESS STREET ADDRESS Number/Street Only – NO P.O. Boxes or PMBs		City	State	ZIP Code
1234 First Street		Sacramento	CA	95814
3c. BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER	BUSINESS EMAIL ADDRESS		
(916) 555-1234	(916) 555-0123	charlie@abc123tile.com		

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.** (See Pages 2 and 3 of the General Information and Instructions for more information.)

4. NEW BUSINESS WILL OPERATE AS A (check only one)

Sole Ownership Partnership – Federal Employer ID # _____

California Corporation # _____ Limited Liability Company # _____

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 Pages 3 and 4 of 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	
Brown			Charles	Linus	05/31/1963	123-45-6789	
5b. RESIDENCE ADDRESS Number/Street Only – NO P.O. Boxes or PMBs			City	State	ZIP Code		
4321 Main Street			Sacramento	CA	95814		
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		
N/A		100 %		N1234567	(916) 555-4321		
7. TITLE OR POSITION (check only one) Officer titles – president, secretary, and treasurer for California corporations and for LLCs that have officers; president only for foreign corporations. All LLCs must have at least one (1) manager or member.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Qualifying Partner <input type="checkbox"/> Responsible Managing Employee (RME)* <input type="checkbox"/> Responsible Managing Member <input type="checkbox"/> Responsible Managing Manager <input type="checkbox"/> 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 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
12/12/2016	Charles Linus Brown	Charles Linus Brown



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Applicant's Business Name (as listed in Section 1 of this application): ABC123 Tile

(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 Page 4 of 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"/> 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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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"/> 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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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"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer - Title(s)				RESIDENCE PHONE NUMBER ()	

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Date	Signature	Printed Name
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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"/> 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 - 13 pertain to **all** individuals listed on this application (qualifying individual and **all** personnel listed in Section 4), and Questions 14 – 16 pertain to the qualifying individual only. 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 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? Yes No

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.

11. Has anyone listed on this application EVER been convicted of or entered a plea of guilty or nolo contendere to ANY misdemeanor or felony in the United States or a foreign country? NOTE: Convictions that were later expunged from the records of the court or set aside pursuant to California Penal Code sections 1203.4, 1203.4a, or 1203.41 or an equivalent non-California law **MUST be disclosed**. However, some convictions **should NOT be disclosed**, including the following:

- Convictions that were adjudicated in the juvenile court;
- Convictions under California Health and Safety Code sections 11357 (b), (c), (d), or (e) or section 11360 (b) that are two years old or older; and
- Charges that were dismissed as the result of successful completion of a deferred entry of judgment program (diversion program) under California Penal Code section 1000.3.

If you checked “Yes” for this question, please attach a statement disclosing all pleas/convictions, including violated law sections, and thoroughly explain the acts or circumstances that resulted in the plea/conviction. In addition, the following information must be included for **each** plea/conviction: date of the plea/conviction, level of the plea/conviction (i.e., misdemeanor or felony), 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. If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4a, or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application. **You may submit the required information using the Disclosure Statement Regarding Criminal Plea/Conviction form that is available on the Forms and Applications page on CSLB’s website.**

The information provided will be verified through CSLB’s fingerprinting requirement. Failure to report a disclosable plea/conviction may be grounds for denial of your application.

Yes No

12. To the best of your knowledge, has anyone on this application (or any company the person is or was a part of) 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)? Yes No

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.

13. 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)? Yes No

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.

14. (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

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Applicant's Business Name (as listed in Section 1 of this application): ABC123 Tile

15. (This question must be answered only if the qualifying individual is a responsible managing employee [RME].) Title 16, California Code of Regulations (T16 CCR) section 823 states that an RME must be permanently employed by the applicant and actively engaged in the operation of the business for at least 32 hours per week or 80% of the total hours per week that the business is in operation. Will you, as the responsible managing employee, meet the requirement of T16 CCR section 823 cited above? Yes No

16. The examinations are administered in English. Will you require the use of a CSLB-approved translator? Yes No

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. Question 20 pertains only to individuals applying for sole owner business entity licenses. Please refer to Pages 5 and 6 of the General Information and Instructions for more information. If you checked "Yes" in response to any question, please provide the requested documentation.

17. 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.)

18. 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 Request for Verification of License form that is completed by the licensing agency from the other state (Arizona, Nevada, or Utah only, depending on the classification). Yes No

19. Are you serving in, or have you previously served in, the United States military?

If you checked "Yes" for this question, please provide the following documentation:

- Evidence of your current military duty (copy of your military orders) or your previous military service (copy of your DD 214 – Certificate of Release or Discharge from Active Duty). Yes No

20. (This question must be answered only if the applicant is an individual applying for a sole owner business entity license.) 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 **AND** do you hold a current license in another state, district, or territory of the United States as a contractor in the same classification for which you are seeking licensure?

If you checked "Yes" for this question, please provide the following documentation to be considered for expedited processing:

- Evidence of your legal union **and** your spouse's or partner's military duty. For example, attach a copy of the marriage certificate or certified declaration/registration of domestic partnership filed with the Secretary of State **AND** military orders establishing a duty station in California. For other forms of "legal union" not recognized by California, you may submit other documentary evidence of legal union issued by the state that recognizes your legal union for consideration by CSLB in meeting this requirement; **AND**
- Copy of your current license from the other state, district, or territory of the United States documenting a contractor license, registration, permit, or certificate in the same classification for which you are seeking licensure. Yes No

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)

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STATE OF CALIFORNIA
Governor Gavin Newsom

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
Brown Charles Linus
2. BUSINESS NAME OF COMPANY WHERE EXPERIENCE WAS GAINED - OR, IF YOU WERE SELF-EMPLOYED, LEAVE THIS SPACE BLANK AND CHECK THIS BOX [] (If you checked the box, skip line 3 and go to line 4.)
Wonder Tile 666666
3. COMPANY'S BUSINESS STREET ADDRESS Number/Street Only - NO P.O. Boxes City State ZIP Code
1234 Wonder Avenue Sacramento CA 95814
4. WAS THE EXPERIENCE OBTAINED WORKING ON YOUR OWN PROPERTY AS AN OWNER-BUILDER (see previous page for definition)? [] Yes [X] No

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 [X] FULL-TIME [] PART-TIME FROM 04/01/2010 TO 10/03/2016 = 6 YEAR(S) and 6 MONTH(S)
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.
Experience performing estimations and installations of various types of tile, natural stone countertops, thin brick, and mosaics on horizontal and vertical surfaces; applying a variety of adhesives, thin set, mastic, and epoxies for setting surface material; as well as grout repair and coloring, and sealing of tiles and grout.
7. My business relationship to Charles Linus Brown is or was (check all that apply):
[X] Employer [X] Contractor (License Number 666666) [] Foreman or Supervisor
[X] Journeyman [] Fellow Employee [] Union Representative [] Business Associate
8. CERTIFIER'S STREET ADDRESS Number/Street Only - NO P.O. Boxes City State ZIP Code
1234 Wonder Avenue Sacramento CA 95814
PHONE NUMBER (916) 555-5555 FAX NUMBER (916) 555-1111 EMAIL ADDRESS stevie@wondertile.com
9. I certify that I have direct knowledge of the work covering the time period outlined above. I certify under penalty of perjury, under the laws of the State of California, that the information stated above is true and correct.
Date 10/04/2016 Signature Steveland Morris Judkins Printed Name Steveland Morris Judkins

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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