

DISASTER SURVIVOR: The \$25 Fee for 1 Wall Certificate/Pocket License card is being waived.
 Email your completed form to: Classifications@cslb.ca.gov

FOR CSLB USE ONLY



CONTRACTORS STATE LICENSE BOARD

STATE OF CALIFORNIA

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

Order Wall Certificate or Pocket License (Fee Waived / Disaster Survivor)

Use this form if you have lost your wall certificate and/or pocket license as a result of being in a declared disaster area.

Ordering a Wall Certificate and/or Pocket License: You may order a wall certificate and/or pocket license only if your license is in good standing, currently renewed, and has no current suspensions on record. **The \$25 fee each for one wall certificate and/or one pocket license is being waived for disaster survivors.**

Submit \$25 each for any additional wall certificate and/or pocket license you may be requesting.

Be sure to indicate the current address to receive your wall certificate and/or pocket license on the form below. If no address is completed the wall certificate and/or pocket license will be mailed to the address of record on the license.

Changing an Address: You cannot change an address using this form. Use the Application to Change Business or Personnel Address form (13L-30) to change the address on a license or application. There is no fee to change an address. You are required to notify the CSLB Registrar within 90 days of any change in address. (Business and Professions Code [BPC] section 7083).

Certified wall certificate and/or pocket license card only: Complete all sections below

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

1. EXISTING BUSINESS NAME (As it currently appears on CSLB records, including any DBAs)		2. LICENSE OR APPLICATION FEE NUMBER
3. MAILING ADDRESS (for receiving replacement wall certificate and pocket license)		
4. BUSINESS PHONE NUMBER ()	5. BUSINESS E-MAIL ADDRESS	
6. INDICATE THE QUANTITY ORDERED AND SUBMIT PAYMENT OF \$25 FOR EACH ADDITIONAL ITEM (FEES WAIVED FOR ONE CERTIFICATE AND ONE POCKET LICENSE) WALL CERTIFICATE(S) _____ POCKET LICENSE(S) _____		
<p>This certification must be completed and signed by a member of the personnel currently listed on CSLB records. A responsible managing employee (RME) cannot sign this form.</p> <p>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.</p>		
7. DATE	SIGNATURE OF OWNER, QUALIFYING OR GENERAL PARTNER, OFFICER, MEMBER, OR MANAGER	PRINTED NAME OF OWNER, QUALIFYING OR GENERAL PARTNER, OFFICER, MEMBER, OR MANAGER

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 name of your licensed business. Submission of the requested information is mandatory. CSLB cannot consider your application to change your business name 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.

