



Business Entity: Rocket Lawncare, Inc.

Business Activity: Landscape Contracting and Design

Location(s): 147 Main St, Sacramento, CA 98599

ADDITIONAL SERVICES

License Filing

We help you secure and maintain all required business licenses, permits, and tax registrations.

Whether your business operates as a multi-state operation or in a single location, our professionals guide you through the entire licensing process by:

- obtaining and preparing the most up-to-date application forms
- providing you with detailed instructions regarding any required supporting documentation and/or signature
- assemble the completed application and file with the appropriate licensing agency
- follow up with the licensing agency to achieve fast results

License Compliance

We manage your entire licensing portfolio.

Multi-state operations are faced with managing numerous licenses with varying renewal dates and fees. We will maintain your license information, supporting documents, and renewal dates in our secure, web-based portal. As a client, you can:

- log in and view all licenses that your business currently holds
- receive automatic renewal, annual report, and license status change notifications via email
- view all renewal dates and state fees for budgeting and forecasting
- access all relevant corporate documents and filed applications

License Verification

We verify that all your existing business licenses are valid.

We help your business avoid unnecessary fines or penalties by:

- verifying whether your current licenses are in good standing and providing all relevant license information
- providing the necessary forms and instructions to apply for or reinstate any licenses that are not in good standing

License Assessment

We research all requirements, verify existing licenses, and identify gaps.

Are you sure that your business is fully compliant with all federal, state, and local licensing requirements? We will give you peace of mind by:

- determining all the licenses and permits your business needs at the federal, state, county and municipal level
- obtaining confirmation of licenses status and renewal dates for licenses already held by your business
- identifying gaps in your license portfolio and providing the appropriate applications to quickly become compliant



Jurisdiction:	License:	Application:
California	Sales Tax	Application for Seller's Permit
California	Payroll Tax	Registration Form for Commercial Employers
California	Contractor	Application for Original Contractor License
Sacramento County	Business License	Business License Application

WHAT’S NEXT?
 For any of these licenses, we will prepare and file your application and follow up with the licensing agency until it is issued. To get started right away, complete the page at the end of this packet.



Jurisdiction: California

License: Sales Tax

Application: Application for Seller's Permit

Submit completed application, fee, and supporting documentation to:

Application must be filed online at <http://www.boe.ca.gov/electsrv/esrvcont.htm#page=Overview>

Licensing Agency Phone Number: (800) 400-7115

Fee: N/A

Notes:

Any business intending to sell or lease tangible personal property that would ordinarily be subject to sales tax if sold at retail (this includes wholesalers, manufacturers, and retailers) must obtain a seller's permit.



Jurisdiction: California

License: Payroll Tax

Application: Registration Form for Commercial Employers

Submit completed application, fee, and supporting documentation to:

Employment Development Department
Account Services Group, MIC 28
P.O. Box 826880
Sacramento, CA 94280-0001

or FAX application to (916) 654-9211

or file application ONLINE at https://eddservices.edd.ca.gov/tap/open/ezreg/_/#1

Licensing Agency Phone Number: (916) 654-8706

Fee: N/A

Notes:

Any business paying wages to employees must register for payroll tax.



This form will be the basic record of YOUR Account.
DO NOT FILE FORM UNTIL YOU HAVE PAID WAGES THAT EXCEED \$100.00 IN CALENDAR QUARTER.
 Please read **INSTRUCTIONS** on the back before completing form.
PLEASE PRINT OR TYPE IN BLUE OR BLACK INK ONLY.
 Submit or fax form to _____

EMPLOYMENT DEVELOPMENT DEPARTMENT
 ACCOUNT SERVICES GROUP, MIC 28
 P.O. BOX 826880
 SACRAMENTO CA 94280-0001
 888-745-3886 FAX 916-654-9211
 www.edd.ca.gov

REGISTRATION FORM FOR COMMERCIAL EMPLOYERS See reverse for registration information for other business types.

EDD ACCOUNT NUMBER	Dept. Use Only:	QUARTER	ONLINE PROCESS DATE
_ _ _ - _ _ _ - _ _ _			

A. LIST NAMES OF: OWNER(S), PARTNER(S) *, CORP OFFICERS, OR LLC/LLP Members/Managers/Officers	TITLE	SOCIAL SECURITY #	CALIFORNIA DRIVER'S LIC #

Note: If entity is a Limited Partnership, indicate General Partner with an (). List additional partners, LLC/LLP members/officers/managers on a separate sheet.*

B. BUSINESS NAME: (If none, enter N/A)	C. DATE OWNERSHIP BEGAN OPERATING: MM __ DD __ YYYY	D. FEDERAL TAX ID #:
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E. CORPORATION / LLC / LLP/LP NAME: (If none, enter N/A)	E1. SECRETARY OF STATE CORP / LLC / LLP ID #
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F. PHYSICAL BUSINESS LOCATION: (Number and Street, not P.O. Box)	CITY	STATE	ZIP CODE	PHONE NUMBER ()
G. MAILING ADDRESS: (P.O. Box / Number and Street, only if different than F)	CITY	STATE	ZIP CODE	PHONE NUMBER ()

Note: If you have multiple CA locations, please attach the physical business addresses on a separate sheet of paper.

H. INDICATE FIRST QUARTER & YEAR WAGES EXCEEDED \$100: Jan-Mar 20__ Apr-Jun 20__ Jul-Sept 20__ Oct-Dec 20__

I. HAVE YOU EVER OWNED OR BEEN A PRINCIPAL OWNER IN A BUSINESS REGISTERED WITH THE EDD: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete J. _____	J. FORMER EDD ACCOUNT NUMBER(S): _____ BUSINESS NAME: _____ ADDRESS: _____ <small>NOTE: If necessary, please provide additional information on a separate sheet.</small>
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K. THIS IS A: New Business Hired Employees Purchased a Business ** Other (Specify) _____

** If business was purchased, mark appropriate box and complete the information below. All Part

1. Previous Owner 2. Previous Business Name 3. Previous EDD Account # 4. Purchase Price 5. Date of Transfer

Note: For all other changes in form/ownership to your account, please use the Change of Employer Account Information (DE 24).

L. ENTER THE NUMBER OF EMPLOYEES: Number of employees working in CA _____ Number of employees residing in CA and working out of CA _____	M. EMPLOYEE IS: <input type="checkbox"/> Spouse <input type="checkbox"/> Minor Child (Under 18) <input type="checkbox"/> Employer's Parent If Yes to any of the above, please refer to instructions on reverse.
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N. TAXPAYER TYPE:

<input type="checkbox"/> Individual Owner	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Estate Administration	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Co-Ownership	<input type="checkbox"/> Association	<input type="checkbox"/> Trusteeship	
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Joint Venture	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Receivership	

O. EMPLOYER TYPE: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> PACIFIC MARITIME <input type="checkbox"/> FISHING BOAT	P. INDUSTRY ACTIVITY: Check the industry, product, or service that represents the greatest portion of your sales or revenue: <input type="checkbox"/> Services <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional Employer Organization <input type="checkbox"/> Temp Services <input type="checkbox"/> Leasing Employer <input type="checkbox"/> Other (Specify) _____ Also, describe specific product and/or service in detail: _____
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Q. CONTACT PERSON FOR BUSINESS:	TITLE/COMPANY NAME	DAYTIME PHONE NUMBER: ()
ADDRESS: _____	FAX NUMBER: ()	
E-MAIL ADDRESS: _____	BUSINESS WEBSITE: _____	

R. DECLARATION
 I certify under penalty of perjury that the above information is true, correct and complete, and that these actions are not being taken to receive a more favorable Unemployment Insurance Rate. I further certify that I have the authority to sign on behalf of the above business.

Signature: _____ Title: _____
(Owner, Corporate Officer, Partner, LLC/LLP Member/Manager, or authorized Agent)

Printed Name: _____ Phone Number: () _____ Date: _____

INSTRUCTIONS FOR REGISTRATION FORM FOR COMMERCIAL EMPLOYERS

An employer is required by law to file a registration form with the Employment Development Department (EDD) within fifteen (15) days after paying over \$100 in wages for employment in a calendar quarter. Please complete the registration process by doing one of the following:

- Register online from the EDD's e-Services for Business at <https://eddservices.edd.ca.gov>.
 - Mail your completed registration form to the EDD, Account Services Group (ASG) MIC 28, P.O. Box 826880, Sacramento, CA 94280-0001.
 - Fax your completed registration form to the EDD at 916-654-9211.
 - Call for telephone registration at 916-654-8706.
 - If you are already registered and have a change in form or ownership, please complete a *Change of Employer Account Information* (DE 24).
 - Attach additional sheets if your information will not fit in the space provided.
- Industry specific registration forms for Agricultural, Government/Schools/Indian Tribes, Household Workers, Nonprofit, or Personal Income Tax Only, are available online at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm#Forms.

NEED MORE HELP OR INFORMATION?

- If you have questions regarding this form or the registration account number and assignment process and about whether your business entity is subject to reporting and paying state payroll taxes, you may visit our website at www.edd.ca.gov/Payroll_Taxes/Reporting_Requirements.htm. You may also call our Taxpayer Assistance Center at 888-745-3886. For TTY (nonverbal) access, call 800-547-9565. Outside the U.S. or Canada, call 916-464-3502.
- The EDD provides seminars and other educational opportunities for taxpayers to learn how to report employees' wages and pay taxes, pointing out the pitfalls that create errors and unnecessary billings. Visit our website at www.edd.ca.gov/Payroll_Tax_Seminars/ or call us at 888-745-3886 for more information.
- Access the EDD website at www.edd.ca.gov.

- A. **LIST INDIVIDUAL OWNER(S), PARTNER(S), CORPORATE OFFICER(S), OR LLC/LLP Members/Managers/Officers** – Enter name, title, Social Security Number, and California driver's license number of each individual.
- B. **BUSINESS NAME** – Enter name by which your business is known to the public. Enter "N/A" if business name is not different from Box A.
- C. **OWNERSHIP BEGAN** – Enter date the new ownership began operating.
- D. **FEDERAL TAX NUMBER** – Enter Federal Employer Identification Number. If not assigned, enter "Applied For."
- E. **CORPORATION/LLC/LLP/LP NAME** – Enter Corporation/LLC/LLP/LP name exactly as spelled and registered with the Secretary of State.
- E1. **SECRETARY OF STATE CORP/LLC/LLP ID NUMBER** – Enter the California Corporation/LLC/LLP/LP identification number.
- F. **PHYSICAL BUSINESS LOCATION** – Enter the California street address (not P.O. Box) and phone number where business is physically conducted. If you have multiple California locations, please attach the physical business addresses on a separate sheet of paper.
- G. **MAILING ADDRESS** – Enter mailing address where the EDD correspondence and forms should be sent. Provide daytime phone number.
- H. **INDICATE FIRST QUARTER AND YEAR WAGES EXCEEDED \$100** – Check the appropriate box for the quarter in which you first paid over \$100 in wages. These wages are subject to Unemployment Insurance, Employment Training Tax, and State Disability Insurance withholdings.
- I. **PRIOR REGISTRATION** – If any part of the ownership shown in items A, B, or E are operating or have ever operated a business at another location, check "Yes" and provide account number, business name, and address in box J.
- J. **FORMER BUSINESS INFORMATION** – If "Yes" is checked in box I, provide former EDD account number, business name, and address.
- K. **STATUS OF BUSINESS** – Check the box that best describes why you are completing this form. If the business was purchased, provide previous owner and business name, EDD account number, purchase price, and date ownership was transferred to this ownership.
- L. **NUMBER OF EMPLOYEES** – Enter the number of employees working in California (CA) or, when applicable, enter the number of employees residing in CA and working outside of CA. Refer to *Information Sheet: Employment* (DE 231) and *Information Sheet: Multi-State Employment* (DE 231D) on our website at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm#Publications for additional information.
- M. **FAMILY EMPLOYEES** – Refer to *Information Sheet: Family Employment* (DE 231FAM) and *Information Sheet: Specialized Coverage* (DE 231SC) on our website at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm#Publications for additional information.
- N. **TAXPAYER TYPE** – Check box that best describes the legal form of the ownership shown in items A, B, or E. Co-ownership is defined as husband/wife, spouse, or registered domestic partners. If other, please specify.
- O. **EMPLOYER TYPE** – Check box that best describes your employer type.
- P. **INDUSTRY ACTIVITY** – Check box that best describes the industry activity of your business. Describe the particular product or service in detail. This information is used to assign an Industrial Classification Code to your business. If you would like more information on industry coding or the North American Industry Classification System (NAICS), you can visit the website at www.census.gov/epcd/www/naics.html.
- Q. **CONTACT PERSON FOR BUSINESS** – Enter the name, title/company name, address, daytime phone number, fax number, e-mail address, and business website of the person authorized by the ownership shown in item A to provide the EDD staff information needed to maintain the accuracy of your employer account.
- R. **DECLARATION** – This declaration must be signed by an individual having the authority to sign on behalf of the business.

We will **notify** you of your **EDD Account Number** by mail. To help you understand your tax withholding and filing responsibilities, you will be sent a **California Employer's Guide (DE 44)**. Please keep your account status current by completing a **Change of Employer Account Information (DE 24)** for all future changes to the original registration information. The DE 44 and DE 24 can be accessed through our website at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm.



Jurisdiction: California

License: Contractor

Application: Application for Original Contractor License

Submit completed application, fee, and supporting documentation to:

Contractors State License Board
9821 Business Park Drive
Sacramento, CA 95827

Licensing Agency Phone Number: (800) 321-2752

Fee: \$300 check made payable to Registrar of Contractors (an additional \$180 license fee will be due after exam)

Notes:

Supporting Documentation:

- Certification of Work Experience forms demonstrating at least 4 years of experience in the classification for which you are applying
- Fingerprints (will be requested upon receipt of application)
- Proof of Insurance (will be requested upon receipt of application)
- Surety Bond (will be requested upon receipt of application)

A Landscaping Contractor must obtain a Special Contractor License (Classification C27). A landscape contractor constructs, maintains, repairs, installs, or subcontracts the development of landscape systems and facilities for public and private gardens and other areas which are designed to aesthetically, architecturally, horticulturally, or functionally improve the grounds within or surrounding a structure or a tract or plot of land. In connection therewith, a landscape contractor prepares and grades plots and areas of land for the installation of any architectural, horticultural and decorative treatment or arrangement.



IMPORTANT NOTICE REGARDING CONVICTIONS PLEASE READ CAREFULLY

Failure to accurately report a conviction can result in an application being denied. In this notice and on the application, the term “conviction” includes pleading guilty or no contest to (nolo contendere) or being convicted by a court of any misdemeanor or felony in this state or elsewhere.

As part of the CSLB application process, you must be fingerprinted if you have not been fingerprinted by CSLB before or if your previous fingerprint record was purged by CSLB due to a voided application or some other reason. After an application is accepted by CSLB as complete (also known as “posted”), each individual listed on the application will be sent instructions on the process for obtaining and submitting fingerprints, as required by law.

Your fingerprints will be compared to the records of the California Department of Justice and the Federal Bureau of Investigation. **If you have ever been convicted of a crime, your criminal record information will be reported to CSLB.** This includes DUIs and other Vehicle Code violations resulting in a misdemeanor or felony conviction. Even if you have had your record expunged (charges reduced or dismissed), the past conviction will still be reported to CSLB and must be disclosed on the application.

If you have ever been convicted of a crime (misdemeanor or felony), you MUST answer “Yes” to the criminal conviction question on the application and provide a detailed explanation of the circumstances resulting in your conviction. To help ensure that you provide the required information, you should complete and submit the Disclosure Statement Regarding Criminal Plea/Conviction form that is available on CSLB’s website.

Applicants with criminal convictions are not automatically denied licensure – each application is reviewed individually based on applicable sections of law. When reviewing criminal convictions, CSLB considers factors such as the nature and severity of the crimes, the amount of time that has passed since the convictions, and any evidence of rehabilitation submitted by the applicant.

For rehabilitation evaluation, pursuant to the California Code of Regulations Section 869, CSLB is generally looking for **three (3) years** to have passed after a misdemeanor conviction and **seven (7) years** to have passed after a felony conviction, without further violation of law. These timeframes are calculated from the applicant’s date of release from incarceration or from the end of probation if no time was served, and are subject to reduction or extension based on several factors, including the nature of the applicant’s conviction history as a whole. In addition, any type of conviction could be considered substantially related to the qualifications or duties of a contractor license when evaluated in the context of the applicant’s entire conviction record.

Failure to accurately report any and all convictions is falsification of your application and is grounds for denial. If your application is denied, you will be prevented from filing another application for a minimum of one (1) year, up to a maximum of five (5) years.



IMPORTANT NOTICE

Dear Applicant:

Enclosed is the application you requested from the Contractors State License Board (CSLB).

Please be aware that nearly half of all applications submitted to CSLB are incomplete and must be rejected!

You must complete your application in its entirety for it to be accepted by CSLB. After an application has been accepted by CSLB as complete (also known as “posted”), each individual listed on the application will be sent instructions on the process for obtaining and submitting fingerprints as required by law.

An incomplete application can needlessly delay your license. Delays can last several weeks or even months and possibly result in the application being voided and the application fee being forfeited.

Spending a few extra minutes now may save you weeks or months later!

Before you submit your application, follow these simple directions.

- **Sign the forms.**
- **Fill out all applicable information.**
- **Make sure you submit Certification of Work Experience forms that have been filled out completely, ensuring that you have provided four (4) years of applicable experience in the classification for which you are applying.**

Carefully read the General Information section that immediately precedes the application package and follow the specific instructions that are contained throughout the application package to help ensure that your application is complete.

Please be aware that there are no schools or application preparation organizations that are affiliated with or agents of CSLB, although some may have company names that are confusingly similar to CSLB. If you discover that an organization has misrepresented itself as being CSLB, you should submit a complaint to CSLB or the California Department of Consumer Affairs. Official CSLB examination study guides are available free of charge on CSLB’s website and are mailed to applicants when they are scheduled for exams.



APPLICATION FOR ORIGINAL CONTRACTOR LICENSE

General Information

Listed below is general information to assist you as you complete the attached application. Detailed instructions are provided throughout the application package. Please refer to the Contractors State License Board's (CSLB) publication *Blueprint for Becoming a Licensed Contractor* for more detailed information about the licensing process. To receive a copy of *Blueprint*, please contact CSLB or visit the Guides and Pamphlets page on CSLB's website.

Do not submit this General Information section with your completed application – the actual application begins immediately following this section on Application – Page 1 of 3 and includes the Certification of Work Experience and the Construction Project Experience form, if needed. Before you submit your application, please review and check off the following items.

- Enclose the nonrefundable \$300 application fee with your completed application.** CSLB cannot process your application without the appropriate fee made payable to the Registrar of Contractors. (The \$180 initial license fee should be submitted separately after you pass the examination.)
- Your application may be returned to you if it is insufficient or incomplete.** You must provide any missing information, make corrections, and resubmit your completed application to CSLB within **90 days** after the date that it was returned to you or your application will become void. You cannot reinstate a void application – you must submit a new application and \$300 application fee if you wish to pursue licensure.
- Complete the application and all accompanying forms legibly in black or dark blue ink, with a typewriter, or on CSLB's website using the form-fill feature.** Forms completed in pencil will be returned to you. Please make sure that you and other appropriate individuals sign and date the forms, where applicable.
- Full legal names are required.** You must provide the full legal name of all personnel. If an individual does not have a middle name, write "None" or "No Middle Name" in the space provided. If an individual has only an initial for his or her first or middle name, write "(Initial Only)" after the initial.
- Leave no space blank.** If a particular question or request for information does not apply to you, write "N/A" in the blank space to indicate that the question has received your attention but that it is not applicable.
- You must provide a street address for both your business and residence. P.O. Boxes and private mail boxes (PMB) are **not** acceptable for the street address.
- You must complete the personnel information requested in Section 4 on page 2 of the application for each individual who will be listed on the license. U.S. Social Security numbers are required for **all** applicants (see page 4 of this General Information section for information on the collection of Social Security numbers).

The "#" symbol is used interchangeably with the word "number" where space is limited on the application.

The terms "**qualifying individual**" and "**qualifier**" are used interchangeably. The qualifying individual is the person who meets the experience and examination requirements for the license and who is responsible for the employer's or principal's construction operations. A qualifying individual is required for every classification on every license issued by CSLB. The qualifying individual may or may not be the owner of the business. (See *California Contractors License Law & Reference Book, Ch. 1*; or *Blueprint for Becoming a Licensed Contractor*, Questions 49-53.)

If you need additional copies of forms (e.g., Certification of Work Experience, Section 4 – Personnel Full Legal Names and Addresses), please make copies of the blank forms before you begin or print additional copies from CSLB's website.

Please be aware that CSLB will begin accepting applications for licensure from limited liability companies (LLC) no later than January 1, 2012. A separate application will be available on CSLB's website for LLC applicants.

FINGERPRINT REQUIREMENT

All applicants for licensure are required to submit a full set of fingerprints for the purpose of conducting a criminal background check. Fingerprints will be compared to the records of the California Department of Justice and the Federal Bureau of Investigation to determine whether a criminal history exists. After an application has been accepted by CSLB as complete (also known as "posted"), each individual listed on the application will be sent instructions on the process for obtaining and submitting fingerprints as required by law. For more information, please visit CSLB's website and view information under the Applicants tab.

Please detach this General Information section before submitting the completed application package to CSLB.

APPLICATION FOR ORIGINAL CONTRACTOR LICENSE

General Information

EXAMINATION ELIGIBILITY REQUIREMENTS

The qualifying individual for a contractor license is required to pass the written Law and Business Examination and a specific trade examination if required, unless he or she meets the requirements for a waiver (see next page for information regarding examination waivers).

To be eligible to take an examination, the qualifying individual must have had, within the last 10 years, at least four (4) full years of experience in the classification for which he or she is applying. The experience must be at no less than a journeyman level, or as a foreman, supervisor, contractor, or owner-builder. A "journeyman" is defined as an experienced worker who is fully qualified (as opposed to a trainee, helper, laborer, assistant, apprentice, etc.) and is able to perform the trade without supervision, or a person who has completed an apprenticeship program. **Experience is documented on the Certification of Work Experience form** (see below).

CSLB may grant up to three years of credit toward the four-year requirement for completed education and/or apprenticeship programs. **Education/apprenticeship is documented in Section 6 of the application.**

CERTIFICATION OF WORK EXPERIENCE FORM

The Certification of Work Experience form must be completed by the qualifier and certified by a person who has **direct knowledge of the experience and time period listed**. The experience must be verifiable through payroll records or similar documents. **Corrections on the Certification forms must be initialed by the certifier. Forms containing strikeouts or modifications that may compromise the validity of the work experience certification may not be accepted.**

To assist the certifier in completing Part 2 of the Certification of Work Experience form, the Description of Classifications document is available through a link on the home page of CSLB's website. This document may be used as a reference only – the certifier should not copy directly from the document when listing the specific trade duties that the qualifier has performed or supervised in the classification for which he or she is applying.

The Certification of Work Experience form may not be required if the qualifier:

- has ever served as the qualifier on a license in the same classification for which he or she is applying; or
- has passed both the Law and Business Examination and the trade exam for the same classification within the last five (5) years.

RE-EXAMINATIONS

If you are required to take an examination, subject to some limitations, you have 18 months after the approval of your application in which to achieve a passing grade on the exam. During that time period, you may take the exam an unlimited number of times. A \$60 fee is required each time you reschedule an exam. *(See Business and Professions [B&P] Code Section 7074 for more detailed information on re-examinations.)*

TRANSLATOR FOR EXAMINATION

If you have difficulty understanding or reading the English language, CSLB may allow you to use a translator to read the examination for you. The translator you choose must be approved in advance by CSLB. If you would like to use a translator during your examination, please check the box near the bottom of Section 3 on page 1 of the application and information will be sent to you regarding the process.

REASONABLE ACCOMMODATION – THE AMERICANS WITH DISABILITIES ACT

In compliance with the Americans with Disabilities Act (ADA), CSLB provides reasonable accommodation for applicants with disabilities that may affect their ability to take the required examinations. Applicants wishing to request reasonable accommodation pursuant to the ADA must complete the Special Accommodation Request for Examination form (available on the Forms and Applications page on CSLB's website) and submit it to CSLB with the appropriate supporting documentation. In order to make the necessary arrangements to accommodate candidate needs, the form and supporting documentation should be submitted as soon as possible.

BUSINESS ENTITY

Applicants must designate their business entity – sole owner, partnership, or corporation (joint ventures and limited liability companies must use a separate application). Applicants cannot change business entity after the application is submitted. Corporations must be registered with the California Secretary of State and in good standing prior to being issued a contractor license. The Secretary of State can be reached by calling (916) 653-6814 or by visiting their website at www.sos.ca.gov. Corporations must provide a current and active registration number on the application. **All corporations must also provide the name(s) of their corporate officer(s): California corporations – president, secretary, and treasurer; foreign corporations – president only. Please be sure to write these titles in the space provided for the appropriate personnel in Sections 3 and 4 and be sure that they match those listed in the Secretary of State records.**

Please detach this General Information section before submitting the completed application package to CSLB.

APPLICATION FOR ORIGINAL CONTRACTOR LICENSE

General Information

Partnerships must list their Federal Employer Identification Number (FEIN), which is available from the U.S. Internal Revenue Service (IRS). The IRS can be reached by calling (800) 829-1040. Personal Social Security numbers are **not** acceptable for the FEIN.

EXAMINATION WAIVERS

The examination is waived if the qualifying individual is currently, or has been in the last five years, actively engaged in the construction business and meets specific waiver requirements as mandated by law. (See *B&P Code Sections 7065.1-7065.4.*) In addition, the trade examination may be waived if the qualifier meets the requirements for reciprocity based on licensure in the same classification in Arizona, Nevada, and/or Utah (see CSLB's website for more information on reciprocity under the Applicants tab).

If you are applying for a waiver of the examination, you should complete the Application for Original Contractor License – Examination Waiver (7065).

LIMITED PARTNERS

A Limited Partner is responsible for the business only in proportion to the amount of his or her financial interest; however, he or she does not participate in the daily operation of the business. If a member of the personnel is listed on the application as a Limited Partner, he or she cannot, in the future, be granted a waiver of the examination or a license continuance.

CONTRACTOR CLASSIFICATIONS

Listed below are the contractor license classifications. For a complete description of the classifications, refer to the Description of Classifications document available through a link on the home page of CSLB's website.

General Engineering	A	Lock and Security Equipment	C-28
General Building.....	B	Low Voltage Systems.....	C-7
Boiler, Hot-Water Heating, and Steam Fitting.....	C-4	Masonry	C-29
Building Moving/Demolition.....	C-21	Ornamental Metal.....	C-23
Cabinet, Millwork, and Finish Carpentry	C-6	Painting and Decorating.....	C-33
Ceramic and Mosaic Tile.....	C-54	Parking and Highway Improvement.....	C-32
Concrete.....	C-8	Pipeline	C-34
Construction Zone Traffic Control	C-31	Plumbing	C-36
Drywall.....	C-9	Refrigeration.....	C-38
Earthwork and Paving	C-12	Roofing	C-39
Electrical.....	C-10	Sanitation System	C-42
Elevator	C-11	Sheet Metal	C-43
Fencing.....	C-13	Sign	C-45
Fire Protection.....	C-16	Solar.....	C-46
Flooring and Floor Covering.....	C-15	Steel, Reinforcing.....	C-50
Framing and Rough Carpentry.....	C-5	Steel, Structural.....	C-51
General Manufactured Housing	C-47	Swimming Pool	C-53
Glazing	C-17	Warm-Air Heating, Ventilating, and Air-Conditioning	C-20
Insulation and Acoustical	C-2	Water Conditioning.....	C-55
Landscaping.....	C-27	Welding	C-60
Lathing and Plastering	C-35	Well Drilling (Water)	C-57
Limited Specialty (see below)	C-61		

The C-61 Limited Specialty classification is for contractors who specialize in work not listed above (for example, D-50 Suspended Ceilings) or who perform work that is a specialized part of an existing classification (for example, D-29 Paper Hanging). The Description of Classifications document contains a full listing of the subcategories of the C-61 classification.

BOND AND INSURANCE REQUIREMENTS

Please refer to CSLB's website (including *Blueprint for Becoming a Licensed Contractor*) for information on the bond and insurance requirements for licensure. For more detailed information on bonds, refer to *A Guide to Contractor License Bonds*, which can be viewed on the Guides and Pamphlets page of CSLB's website.

Please detach this General Information section before submitting the completed application package to CSLB.

APPLICATION FOR ORIGINAL CONTRACTOR LICENSE

General Information

REISSUANCE OR REASSIGNMENT OF LICENSE NUMBER

If the qualifier has previously been licensed, it may be possible to have the previous license number reissued or reassigned under certain circumstances. (See *B&P Code Section 7075.1 and Form 13A-1h.*)

CONSTRUCTION MANAGEMENT EDUCATION ACCOUNT

A grant program was established in 1991 to provide funds for qualified public post-secondary schools that teach construction management. Applicants may voluntarily contribute to the account when paying the application fee or the license renewal fee. If you would like to make a voluntary contribution, please mark the box on the top portion of page 1 of the application, write in the dollar amount in the space provided, and include that dollar amount in the total amount paid with your application, or submit a separate check or money order made payable to CSLB/Construction Management Education Account. (See *B&P Code Section 7139, Article 8.5.*)

COLLECTION OF SOCIAL SECURITY NUMBERS

With the exception of the driver license numbers, all information requested on the application is mandatory, including disclosure of U.S. Social Security numbers (SSN). Collection of the SSN is authorized by B&P Code Section 30 and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(C)). SSNs are used exclusively for the purpose of tax enforcement and/or compliance with any judgment or order for family support in accordance with Family Code Section 17520. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, and they may assess a \$100 penalty against you. The official responsible for the maintenance of this information is the Registrar of Contractors, Contractors State License Board. The information may be transferred to other state or government agencies. Individuals have the right to review files or records about them maintained by the agency, unless the records are identified as confidential information and exempted from the Information Practices Act, Civil Code Section 1798.3.

COLLECTION OF PERSONAL INFORMATION

CSLB collects the personal information requested on the following forms as authorized by B&P Code Section 30 and California Code of Regulations (CCR) Section 816. CSLB uses this information to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation. Submission of the requested information is mandatory. CSLB cannot consider your application for licensure or renewal unless you provide all of the requested information. You may review the records maintained by CSLB that contain your personal information, as permitted by the Information Practices Act. 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 in response to a court or administrative order, a subpoena, or a search warrant. The application contains an applicant authorization for the Franchise Tax Board to disclose to CSLB any outstanding final liabilities for the purpose of administering B&P Code Section 7145.5. For more information on the Information Practices Act, visit the Office of Privacy Protection's website at www.privacy.ca.gov, or call (866) 785-9663.

RESOURCES ON THE LICENSING PROCESS

CSLB has a variety of publications available to help you become a licensed contractor and to maintain your license. You can order free publications from CSLB's website (www.cslb.ca.gov), by writing to CSLB at the address listed below, or by calling the 24-hour automated phone system at (800) 321-CSLB (2752).

CSLB publications that can help you understand the licensing process include *Blueprint for Becoming a California Licensed Contractor*, *Description of Classifications*, *Building Your Career*, and *A Guide to Contractor License Bonds*. Please visit CSLB's website or call the toll-free phone number to find out how to order the current edition of the *California Contractors License Law & Reference Book*.

APPLICATION PROCESSING

When CSLB receives your application, an acknowledgement letter will be sent to you that explains how to check the status of your application online at www.cslb.ca.gov or by calling (800) 321-CSLB (2752) using the Application Fee Number and Personal Identification Number (PIN) provided in the acknowledgement letter. After an application has been accepted by CSLB as being complete (also known as "posted"), a fingerprint package will be sent to the applicant, as required by law. Please include your Application Fee Number in any correspondence. All correspondence should be sent to:

Contractors State License Board
9821 Business Park Drive
Sacramento, CA 95827-1703
Mailing Address: P.O. Box 26000, Sacramento, CA 95826-0026

Please detach this General Information section before submitting the completed application package to CSLB.



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 Edmund G. Brown Jr.

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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.

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 is the name that will appear on the license and is the actual name under which the contracting business will operate. The full business name must be provided.

Name Compatibility: The business name must be compatible with the license classification and the business entity. For example, it would not be acceptable for ABC123 Tile to apply for a C-10 Electrical contractor license, but it would be acceptable for ABC123 Construction to apply for a B-General Building contractor license or for ABC123 Tile to apply for a C-54 Ceramic and Mosaic Tile contractor license. In addition, it would not be acceptable for a sole ownership to use the words "partners" or "corporation" in its business name.

1. FULL NEW BUSINESS NAME	2. CLASSIFICATION REQUESTED (Only one classification may be requested on the original application if an exam is required)
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3a. BUSINESS MAILING ADDRESS Number/Street or P.O. Box	City	State	ZIP Code
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3b. BUSINESS STREET ADDRESS Number/Street Only – NO P.O. Boxes or PMBs	City	State	ZIP Code
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3c. BUSINESS PHONE NUMBER ()	BUSINESS FAX NUMBER ()	BUSINESS EMAIL ADDRESS
----------------------------------	----------------------------	------------------------

SECTION 2 – BUSINESS ENTITY

Corporation / Partnership: 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 are not acceptable). (See pages 2 and 3 of the General Information section for more information.)

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

Sole Ownership Partnership – Federal Employer ID # _____ California Corporation # _____

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 page 1 of the General Information section for more information.)

5a. QUALIFIER'S FULL LEGAL NAME Last	First	Middle	DATE OF BIRTH	SOCIAL SECURITY NUMBER
--------------------------------------	-------	--------	---------------	------------------------

5b. RESIDENCE ADDRESS Number/Street Only – NO P.O. Boxes or PMBs	City	State	ZIP Code
--	------	-------	----------

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 ()
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7. TITLE OR POSITION (check only one) Corporate titles – president, secretary, and treasurer for California corporations; president only for foreign corporations

Owner Qualifying Partner RME* RMO/Corporate Officer - 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. THE EXAMINATIONS ARE ADMINISTERED IN ENGLISH. IF YOU WILL REQUIRE THE USE OF A TRANSLATOR, PLEASE CHECK THIS BOX.

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 accurate, and that I have reviewed the entire contents of this application. (The definition of "perjury" is telling a lie while under oath.) I authorize the Franchise Tax Board to provide CSLB with required tax information pursuant to B&P Code Section 7145.5.

Date	Signature	Printed Name
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SECTION 4 – PERSONNEL FULL LEGAL NAMES AND ADDRESSES (Other than Qualifying Individual)

The following must be completed by **all** individuals who will be listed on the license. You must provide **full legal names** of all individuals. Each individual must sign the certification under penalty of perjury. *(The definition of "perjury" is telling a lie while under oath.)*

9a. PERSONNEL FULL LEGAL NAME Last First Middle			DATE OF BIRTH	SOCIAL SECURITY NUMBER
RESIDENCE ADDRESS Number/Street Only – NO P.O. Boxes or PMBs City State			ZIP Code	DRIVER LICENSE #
TITLE OR POSITION (check only one) Owner General Partner Limited Partner Corporate 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 accurate, and that I have reviewed the entire contents of this application. I authorize the Franchise Tax Board to provide CSLB with required tax information pursuant to B&P Code Section 7145.5.				
Date	Signature		Printed Name	

9b. PERSONNEL FULL LEGAL NAME Last First Middle			DATE OF BIRTH	SOCIAL SECURITY NUMBER
RESIDENCE ADDRESS Number/Street Only – NO P.O. Boxes or PMBs City State			ZIP Code	DRIVER LICENSE #
TITLE OR POSITION (check only one) General Partner Limited Partner Corporate 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 accurate, and that I have reviewed the entire contents of this application. I authorize the Franchise Tax Board to provide CSLB with required tax information pursuant to B&P Code Section 7145.5.				
Date	Signature		Printed Name	

9c. PERSONNEL FULL LEGAL NAME Last First Middle			DATE OF BIRTH	SOCIAL SECURITY NUMBER
RESIDENCE ADDRESS Number/Street Only – NO P.O. Boxes or PMBs City State			ZIP Code	DRIVER LICENSE #
TITLE OR POSITION (check only one) General Partner Limited Partner Corporate 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 accurate, and that I have reviewed the entire contents of this application. I authorize the Franchise Tax Board to provide CSLB with required tax information pursuant to B&P Code Section 7145.5.				
Date	Signature		Printed Name	

9d. PERSONNEL FULL LEGAL NAME Last First Middle			DATE OF BIRTH	SOCIAL SECURITY NUMBER
RESIDENCE ADDRESS Number/Street Only – NO P.O. Boxes or PMBs City State			ZIP Code	DRIVER LICENSE #
TITLE OR POSITION (check only one) General Partner Limited Partner Corporate 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 accurate, and that I have reviewed the entire contents of this application. I authorize the Franchise Tax Board to provide CSLB with required tax information pursuant to B&P Code Section 7145.5.				
Date	Signature		Printed Name	

(If additional space is needed, please make a copy of this blank page.)

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SECTION 5 – REQUIRED APPLICATION QUESTIONS

All questions in this section must be answered. Questions 10, 11, and 12 pertain to all individuals listed on this application (qualifying individual and all personnel listed in Section 4). 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, or any immediate family member of the applicant) named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against any bond or cash deposit pertaining to a construction project?** (*Immediate family member is defined by B&P Code Section 7075.1 as a spouse, father, mother, brother, sister, son, daughter, stepson, stepdaughter, grandson, granddaughter, son-in-law, or daughter-in-law.*) 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 pleaded guilty or no contest to or been convicted by a court of any misdemeanor or felony in this state or elsewhere?** You are required to check “Yes” and provide all of the requested information even if the conviction was sealed or expunged under Penal Code Section 1203.4 or an applicable code of another state. Yes No
- If you checked “Yes” for this question, you are required to attach a statement disclosing all pleas/convictions, including violated law sections, and thoroughly explain the acts or circumstances which resulted in the plea/conviction. In addition, the following information must be included for each plea/conviction: date of the plea/conviction, 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. **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 plea/conviction is considered falsification of your application and is grounds for denial of your application.

12. **To the best of your knowledge, has anyone on this application (or any company the person was a part of, or any immediate family member of the applicant) ever received a citation from the Contractors State License Board or had a contractor license or other professional or vocational license or registration denied, suspended, or revoked by this state or elsewhere?** (*Check “No” if the license was suspended due to lack of a bond, workers’ compensation, a qualifier, or family support.*) Yes No

If you checked “Yes” for this question, you are required to attach a statement detailing the events leading to this action.

13. (*This question must be answered by the qualifying individual.*) The Registrar of Contractors has determined that direct supervision and control 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

14. (*This question must be answered only if the qualifying individual is a Responsible Managing Employee [RME].*) CCR Section 823 states that an RME must work at least 32 hours per week or 80% of the total operating hours per week for the entity for which he or she acts as the qualifier. **Will you, as the Responsible Managing Employee, meet the requirement of CCR Section 823 cited above?** Yes No

15. By law, all new businesses applying for a license must have more than \$2,500 operating capital. (B&P Code Section 7067.5) Operating capital is your current assets minus your current liabilities. **Does your operating capital exceed \$2,500?** Yes No

SECTION 6 – QUALIFYING INDIVIDUAL EDUCATION, APPRENTICESHIP, AND LICENSURE

16. HAVE YOU COMPLETED AN EDUCATIONAL OR APPRENTICESHIP PROGRAM? Yes No

IF YOU CHECKED “YES” FOR THIS QUESTION,

YOU MAY BE GRANTED CREDIT FOR COMPLETED EDUCATION IF YOU:

- Submit a copy of your diploma for a four-year degree in a business or construction-related field; **OR**
- Submit transcripts for a two-year degree (or less), technical training (must include course hours and descriptions), and all other degrees. **Transcripts must be official and contained in a sealed envelope. (If you received your degree outside the United States, your transcripts must be translated and evaluated by an accredited evaluation service that does business within the United States.)**

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 _____
(*The apprenticeship period cannot overlap the journeyman level experience period being certified.*) Month/Day/Year Month/Day/Year

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CERTIFICATION OF WORK EXPERIENCE

General Information

- This form must be filled in completely in order to document work experience or the application will be returned. The qualifying individual and certifier must type or print neatly and legibly in black or dark blue ink – pencil is not acceptable.
- **FORMS CONTAINING STRIKEOUTS OR MODIFICATIONS MAY BE REJECTED.**
- **Corrections on the Certification of Work Experience forms must be initialed by the certifier.**
- **Original signatures are required** – faxed, photocopied, or stamped signatures are not acceptable.
- All qualifying individuals and certifiers must be at least 18 years old.
- All Certification of Work Experience forms must be submitted with the application.
- The Certification of Work Experience form, when filed with an application, becomes the property of CSLB and is kept as a matter of record. **Make a copy of the completed and signed form for your records** – you may be asked to provide further documentation or testimony to verify your experience.
- If, within the last five (5) years, you have passed an examination in the classification for which you are now applying, you may not need to complete this form. Such applicants should complete the Application for Original Contractor License – Examination Waiver (7065). However, if you are applying for a waiver of the examination pursuant to B&P Code Sections 7065.1(b) or 7065.1(c), you do need to complete this form. *(Please refer to Blueprint for Becoming a Licensed Contractor for more information on exam waivers.)* **NOTE: If your previous application was denied on the basis of a lack of qualifying work experience, you must complete this form, regardless of whether or not you passed the exam.**
- **Anyone who knowingly obtains or offers false or forged documents to be filed, registered, or recorded in any public office in California is guilty of a felony. (Penal Code Section 115)**

PART 1 – QUALIFYING INDIVIDUAL INFORMATION

- **The qualifying individual must complete Part 1 in its entirety before the certifier completes Part 2.**

PART 2 –WORK EXPERIENCE AND CERTIFICATION STATEMENT

- **The certifier must complete Part 2 in its entirety after the qualifying individual has completed Part 1.**
- **The qualifying individual must document at least four (4) full years of journeyman-level or higher experience in the classification for which he or she is applying. The experience must have been obtained within the last 10 years.**
- **The qualifying individual’s work experience must have been completed at the level of journeyman, foreman, supervisor, or contractor, or as an owner-builder or self-employed individual, as defined below:**
 - A “journeyman” is an experienced worker who is fully qualified (as opposed to a trainee, helper, laborer, assistant, apprentice, etc.) and is able to perform the trade without supervision, or a person who has completed an apprenticeship program. *(CCR Section 825)*
 - A “foreman” or “supervisor” is a person who has the knowledge and skills of a journeyman and directly supervises construction projects.
 - A “contractor” is an individual who is currently a licensed California contractor, a former licensed California contractor, personnel of record on a California license, or an out-of-state licensed contractor. A contractor has the skills necessary to manage the daily activities of a construction business, including field supervision.
 - An “owner-builder” (a person who performs work **solely on his or her own properties**) or a “self-employed individual” must have the knowledge and skills of a journeyman as listed above and the skills necessary to manage the daily activities of a construction business, including field observation. Owner-builders must complete and submit the Construction Project Experience form.
- The Description of Classifications document may be used as a reference only and is available through a link on the home page of CSLB’s website. You should not copy directly from the document when listing the specific trade duties the qualifying individual performed or supervised in the classification for which he or she is applying.
- **The Certification Statement at the bottom of the form must be completed by a qualified, responsible person who is able to certify the work experience of the qualifier.** The certifier can be an employer, fellow employee, journeyman, union representative, contractor, business associate, or a client if the applicant is/was self-employed. This form will help CSLB determine whether the qualifier has the experience necessary to become a capable, qualified contractor.
- **The certifier must have direct knowledge of the qualifier’s experience during the time period listed.** “Direct knowledge” means personal knowledge of the experience that does not depend on outside information or hearsay. The certifier must be able to certify that the qualifier demonstrated a level of knowledge and skills expected of a journeyman or higher in the classification for which he or she is applying.
- **Any licensee whose signature appears on a falsified Certification of Work Experience form, or who otherwise certifies false or misleading experience claims submitted by an applicant to obtain a contractor license, will be subject to disciplinary action. (B&P Code Section 7114.1)**



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 Edmund G. Brown Jr.

Certification of Work Experience

Please read the General Information section on the previous page before beginning.

The qualifying individual must complete the information in Part 1; the individual certifying the experience (certifier) 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.

Use a separate form for each employer. If you need additional forms, please make a copy of this blank form or visit CSLB's website.

Please type or print neatly and legibly in black or dark blue ink.

FORMS CONTAINING STRIKEOUTS OR MODIFICATIONS MAY NOT BE ACCEPTED.

Corrections on the Certification of Work Experience forms must be initialed by the certifier.

PART 1 - QUALIFYING INDIVIDUAL INFORMATION

The qualifying individual must complete Part 1 in its entirety.

1. QUALIFIER'S FULL LEGAL NAME Last First Middle
2. BUSINESS NAME OF EMPLOYER - OR, IF YOU WERE SELF-EMPLOYED, LEAVE THIS SPACE BLANK AND CHECK THIS BOX
3. EMPLOYER'S BUSINESS STREET ADDRESS Number/Street Only - NO P.O. Boxes City State ZIP Code
4. WAS THE EXPERIENCE OBTAINED WORKING ON YOUR OWN PROPERTY AS AN OWNER-BUILDER

PART 2 - WORK EXPERIENCE AND CERTIFICATION STATEMENT

The certifier must complete Part 2 in its entirety after the qualifying individual has completed Part 1.

5. APPLICANT'S JOURNEYMAN-LEVEL OR HIGHER TIME-BASE WORKED WAS (check one):
6. IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION FOR WHICH HE/SHE IS APPLYING.
My relationship to Name of Qualifying Individual (Applicant) is or was (check all that apply):
CERTIFIER'S STREET ADDRESS Number/Street Only - NO P.O. Boxes City State ZIP Code
PHONE NUMBER FAX NUMBER EMAIL ADDRESS
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.
7. Date Signature Printed Name

Note: For information on the collection of personal information, please refer to the General Information section at the beginning of this application package, under the heading "Collection of Personal Information."

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Construction Project Experience

This form must be completed ONLY if the qualifying individual indicates on the Certification of Work Experience form that he or she obtained experience working on his or her own property as an owner-builder, or as otherwise requested by CSLB.

Use a separate form for each project. If you need additional forms, please make a copy of this blank form or visit CSLB's website.

Please type or print neatly and legibly in black or dark blue ink. Incomplete forms are not accepted.

1. QUALIFIER'S (OWNER-BUILDER) FULL LEGAL NAME Last First Middle			PHONE NUMBER ()
2. PROJECT STREET ADDRESS Number/Street Only – NO P.O. Boxes		City	State ZIP Code
3. START DATE Month/Day/Year	COMPLETION DATE Month/Day/Year	TOTAL PROJECT TIME _____ YEARS and _____ MONTHS	
4. TYPE OF PROJECT (For example: residential room addition)			
5. TRADES PERFORMED (For example: framing, electrical)			
6. PROJECT SIZE (square feet, linear feet, or cubic yards) Building _____ Other _____			
7. YOUR DUTIES AND WORK YOU PERFORMED (For example: prepared plans, obtained permits, installed all sheetrock, installed 4-ton HVAC unit)			
8. YOUR POSITION LEVEL (For example: trainee, apprentice, journeyman, supervisor)			
9. EXPLAIN HOW PAST EXPERIENCE, TRAINING, AND/OR EDUCATION PREPARED YOU FOR THE POSITION AT THE LEVEL STATED IN #8 ABOVE			
10. SCOPE OF WORK (For example: placed 600 sf of mix & sod, installed 2500 sf of concrete tile roof, poured 12 yds of concrete drive, installed 20 linear ft. of cabinetry)			
11. NUMBER OF LABORERS AND THE TRADES THEY PERFORMED			
12. NUMBER OF GENERAL CONTRACTORS OR SUBCONTRACTORS AND THE TRADES THEY PERFORMED			
13. COST OF MATERIALS OR TOTAL COST OF PROJECT			

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P R O J E C T - L I S T I



Jurisdiction: Sacramento County

License: Business License

Application: Business License Application

Submit completed application, fee, and supporting documentation to:

County of Sacramento
Department of Finance
Tax Collection and Licensing
700 H Street, Room 1710
Sacramento, CA 95814

or file application ONLINE at <https://apsonline.sacounty.net/CitizenAccess/>

Licensing Agency Phone Number: (916) 874-6644

Fee: \$146 check made payable to Sacramento County (a convenience fee applies if filed online)

Notes:

Any non-exempt business must obtain a business license, if operating in the unincorporated area of Sacramento County. Non-exempt businesses are listed on Page 4 of the application.



County of Sacramento
Department of Finance, Tax Collection and Licensing
 700 H Street, Room 1710, Sacramento, California 95814
 phone (916) 874-6644 • fax (916) 874-8909 • www.finance.saccounty.net

BUSINESS LICENSE APPLICATION

If your business is located in the unincorporated area of Sacramento County and is not exempt from licensing, you require a General Business License. If you answer YES to any question in Section III, you require a Special Business License. Some businesses will require both types of licenses.

Office Use Only

Industry Code _____ C/I H/O (circle one) Spec Lic EP
 Received By/Date _____ Processed By/Date _____ Fee \$ _____
 Mail/Counter _____ Amount Received \$ _____ Check # _____
 Related Record(s) # _____ Closed License(s) # _____
 Application(s) # _____ Letter Required? Letter Sent By/Date _____
 Parcel # _____ Zone _____
 (TO BE COMPLETED BY PLANNING DEPARTMENT)
 Preliminary Review by: _____ Comments: _____
 Code Violation: Yes _____ No _____ Code Case/Comments: _____

SECTION I

PLEASE WRITE CLEARLY, BE VERY SPECIFIC IN DESCRIBING YOUR BUSINESS AND COMPLETE EACH SECTION WITH A REPLY OR "N/A"

Business Location <input type="checkbox"/> Commercial/Industrial Location		<input type="checkbox"/> Home Based Business
Type of Application <input type="checkbox"/> New License <input type="checkbox"/> Change of Owner <input type="checkbox"/> Change of Business Address		
Ownership Type <input type="checkbox"/> Sole* <input type="checkbox"/> Married Couple* <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Other (specify) _____		
* Is owner a Veteran? <input type="checkbox"/> You may qualify for a fee waiver. Ask for a Claim for Veteran's Waiver of License Fees Form or download from our Webpage at http://www.finance.saccounty.net/Tax/Pages/BusLicForms.aspx . Full application fee must be submitted with application and waiver.		
Business Owner's Name (First, MI, Last) OR Name of Corporation/LLC as filed with the Secretary of State.		Owner Phone No.
Address of Business Owner OR Corporation (Street, City, State, Zip) (No P.O. Boxes or Postal Mail Service Addresses.)		E-mail of primary owner
Business Owner/Corporate Officer Name (First, MI, Last), Title, and Address		Phone No.
Business Owner/Corporate Officer Name (First, MI, Last), Title, and Address		Phone No.
Business Owner/Corporate Officer Name (First, MI, Last), Title, and Address		Phone No.
<i>If additional business owners, please CHECK HERE <input type="checkbox"/> and list on a separate sheet.</i>		
Business Name		Business Phone No.
Business Site Address (Street, Apt. or Suite #, City, State, Zip) (No P.O. Boxes or Postal Mail Service Addresses allowed)		
Business Mailing Address (If different than the Business Site Address)		
Type of Business (short description)		
Describe all activities, products, types of services, etc. of your business		No. of employees who report to business site: (other than the owner)

PLEASE COMPLETE SECTIONS II and III

Instructions Are On the Reverse Side

INFORMATION AND INSTRUCTIONS FOR BUSINESS LICENSE APPLICANTS

The County of Sacramento issues business licenses to regulate businesses operating in the unincorporated area of the County (the areas of the County not within city limits), to promote improved enforcement of ordinances that protect the public, and to prevent nuisances and neighborhood disturbances. The license fee is not a business tax and is not based on business revenue.

Application Process

There is one Business License Application that covers most Business Licenses issued by the County. The application contains questions which allow the applicant and Business License Unit staff to determine which types of license apply to the business, and the fees required. Checks or money orders for business license and employee permit fees should be made payable to **Sacramento County**. An application is not complete without payment of the required fee(s).

You may file an online application at our web site at www.finance.saccounty.net/tax, and pay on-line. Please note that there is a convenience fee charged for use of a credit/debit card by the payment processor.

All sections of the application must be completed. Any blank line or unanswered question may cause the application to be rejected and will delay the process.

After a completed application and fees have been submitted to the Business License Unit, the application will be reviewed by the appropriate Department(s). The Community Planning and Development Department has forty-five (45) days to review a General Business License, and the Sheriff's Department has ninety (90) days to review a Special Business License and Employee Permit. Most license reviews are completed within a few weeks. In the event of a denial, a letter will be mailed to the applicant with information regarding the reasons for denial and appeal rights and processes.

Other Types of Licenses

The Business License Unit of the Tax Collection and Licensing Division does **NOT** issue Day Care licenses for home-based "family day care." Contact the County's Department of Health and Human Services at (916) 875-2808 for more information. We do issue business licenses for day care in commercial locations. Also, residential board and care homes are licensed through the State. For more information on residential board and care homes call (916) 324-4031.

Depending on the type of business or service you are providing, you may need additional licenses, permits, certifications, etc. from local, state and/or federal agencies. It is your responsibility to determine what other requirements you need.

Contacts

Application Fees are NON-REFUNDABLE. If your business will be located in the unincorporated area of Sacramento County, you are strongly encouraged to contact the Community Planning and Development Department **BEFORE** submitting your business license application to determine if your business activities are allowed at the business site. If you require a Special Business License or Employee Permit and you have anything in your background that the Sheriff may have concerns about, you are encouraged to contact the Sheriff's Department **BEFORE** submitting your business license application.

For specific **license** information and questions concerning fees, please contact:

Business License Unit, Tax Collection and Licensing Division, Department of Finance
700 H Street, Room 1710, Sacramento, CA 95814 (916) 874-6644 9:00 a.m. to 4:00 p.m.

Applications accepted: 8:00 a.m. to 4:45 p.m., Monday through Friday excluding holidays.

Web address: <http://www.finance.saccounty.net>

Email address: <http://www.finance.saccounty.net/Tax/Pages/SendEmailBusLic.aspx>

COUNTY OF SACRAMENTO BUSINESS LICENSE APPLICATION

SECTION II

A General Business License is required for all businesses located in the unincorporated area of Sacramento County. It is strongly recommended that you contact the Community Planning and Development Department before completing the application and paying for the business license, to make sure the type of business is allowed at the location.

Please answer all questions for activities that will take place at the business site

Will your business offer, dispense, store, distribute, use, sell or otherwise engage in any of the following at the business site?

Yes No

Concealable firearms or gunpowder		
Dancing open to general public (Dance Hall, Night Clubs, Bar with dance floor)		
Card room		
Alcoholic beverages		
Tobacco products and/or tobacco paraphernalia. You must also obtain a Tobacco Retailer License add \$306.00		
Marijuana or products containing marijuana (including delivery). This is not a permitted use within the unincorporated area of Sacramento County		
Tattooing, permanent makeup, piercing, or branding		
Hazardous materials or hazardous wastes (solvents, fuels, paint, etc.), including medical waste (including hospitals, doctor or dental offices, veterinary services)		
Live music, entertainment, or theatrical presentations		
Swimming pool, sauna, steam room, or spa		
Will Recyclables, junk, or scrap metal be collected & stored at location?		
Will MASSAGE be offered or otherwise available at the business site? (Definition of massage is on the back of page 3) Includes Reiki and acupressure		
Sexually oriented activities, entertainment, books, magazines, videos, novelties or devices		
Electronic, mechanical, or video games, including Internet based. If yes, number of machines? _____		
Pool or billiards tables. If yes, how many tables? _____		
Does your business use any company vehicles? (Tow Truck or Semi, trailers, construction equipment, fleet vehicles) Number of vehicles _____ What address will the vehicles be kept at when not in use? _____		
Service or repair (to include but not limited to smog check or other vehicle servicing or repair, servicing or repairing appliances, electronic equipment, etc.) If yes, what will be serviced or repaired? _____		
Will there be any STORAGE at this location of: Goods or inventory to be sold, raw materials and/or equipment, not including standard office equipment and/or supplies? If yes, what will be stored? _____		
Will there be any OUTSIDE STORAGE at this location such as: Vehicles, RVs, boats (including in a Marina), materials, inventory, etc.? If yes, what will be stored outside? _____		
Will customers come into your business to purchase any goods, merchandise or products, including food? If yes, please describe the items: _____		
RETAIL		
WHOLESALE		
Will your business be manufacturing or assembling a product, involving machining, fabrication, welding, molding, casting, foundry other mechanical process. If so, please describe: _____		
Will your business have a laboratory or any equipment for analysis or processing, including medical diagnostic? If so, please describe: _____		

*If you answered YES to ANY question, the fee is:
If you answered NO to ALL questions, the fee is:*

\$166.00

\$146.00

PLEASE CONTINUE – COMPLETE SECTION III

Section II of the Application – General Business Licenses and Tobacco Retailer Licenses

General Business Licenses are issued to businesses in the unincorporated area after a review by the Community Planning and Development Department of the business activities at a specific location (street address) and of the land use zoning of the property. The General Business License is valid for three years, or until a change of ownership, business activity, or location.

Tobacco Retailer Licenses are issued to businesses that sell tobacco products and tobacco paraphernalia. The Tobacco Retailer License is in addition to the required General Business License. The Tobacco Retailer License is valid for one year, or until a change of location or ownership.

Exemptions from General Business License Requirement

Financial Institutions and Insurers - banks, savings and loans, and credit unions that pay an in-lieu tax to the State of California are exempt from a General Business License. Check cashing businesses require business licenses and are not exempt.

Insurers and their dedicated agents that pay an in-lieu tax to the State of California are exempt from a General Business License. Insurance brokers and those agents who conduct business activities outside of the scope of their dedicated agency are not exempt from a business license.

Residential Facilities – apartments (which do not offer care or assisted living), rooming houses, duplexes and other facilities for long-term stays (over 30 days), residential (home-based) care homes for adults or children, and family (home-based) day care.

Churches – to the extent the facilities are used for religious purposes or restricted to members of the congregation. A General Business License is required for a church-run or church-located school, child care facility, thrift store, etc. that is open to the general public.

Libraries - public and private.

Agriculture –includes growing crops or raising livestock, except that a General Business License is required for any enterprise that combines product from multiple farms, wholesaling, processing, storage or manufacturing use which involves assembly of the products of multiple farms or ranches by a cooperative or other business enterprise for marketing distribution.

Planning/Zoning Code Requirements

All home-based businesses must comply with the Zoning Code Home Occupation Standards. Your license may be denied if the business activities cannot meet these standards.

All commercial and industrial businesses are required to meet certain Development Standards (i.e. landscaping, parking, fencing, setbacks, etc.). Some commercial and industrial business activities may require a Use Permit from the Planning Department prior to operating. Your license may be denied if the property does not meet these standards.

Businesses are allowed promotional displays such as banners, flags, pennant flags or search lights with an approved Temporary Use Permit from the Planning Department.

Contacts

Application Fees are NON-REFUNDABLE. If your business will be located in the unincorporated area of Sacramento County, you are strongly encouraged to contact the Planning and Community Development Department **BEFORE** submitting your business license application to determine if your business activities are allowed at the business site.

For specific information regarding any zoning restrictions, Home Occupation Standards, Use Permits, Temporary Use Permits or Development Standards, please contact:

Sacramento County Community Development
827 7th Street, Room 102, Sacramento, CA 95814 (916) 874-6221
Office Hours: 8 :30 a.m. to 4:30 p.m. Monday through Friday excluding holidays.
Web address: www.saccounty.net/planning

COUNTY OF SACRAMENTO BUSINESS LICENSE APPLICATION

**SECTION III
ACTIVITIES REQUIRING A SPECIAL BUSINESS LICENSE
PLEASE ANSWER ALL QUESTIONS**

Do your business activities involve any of the following?	YES	NO
Adult related activities such as escort, escort service, dating service, modeling studio or service, bathhouse *		
Antiques		
Dancing open to general public (Dance Hall, Night Clubs, Bar with dance floor)		
Automobile dismantling, Wrecking yard, Used auto parts		
Operate a booth in a flea market or bazaar		
House cleaning services at <u>residential</u> properties (occupied or unoccupied)		
Mobile auto repairs, car washing or detailing		
Mobile food sales (e.g., ice cream truck, canteen truck, lunch wagon)*		
Motorcycle sales, including new and used parts (not to include repair)		
Repossession service		
Public <u>street patrol</u> services		
Taxicab services (metered taxicab services)*		
Towing		
Pool tables or billiards		
Concealable firearms or gunpowder		
Card room*		
Circus, carnival, petting zoo, face painting, clowns, Children's Entertainers (in character/costume)		
Storage of vehicles, goods or anything of value <u>not</u> owned by your company (e.g., Public Storage, Marinas)		
Hauling of junk or rubbish, not including commercial garbage collectors		
Hauling vehicle make/model/year _____ License Plate # _____		
Home repair/handyman/landscaping or any other services relating to maintenance, repair or installation at <u>residential</u> properties (occupied or unoccupied) If you hold a state license for this activity please provide agency and license number _____ (example – "Contractors Board, xxxx")		
Recyclables, scrap metals, non-ferrous materials, e-waste or junk. If you hold a State permit for this activity please provide agency and permit number _____ (example – "Consumer Affairs xxxx")		
Massage * (Definition of massage is on the back of page 3. Includes Reiki and acupressure) If you hold a statewide certificate for this activity please provide agency and certificate number _____ (example – "CAMTC, xxxx")		
Second hand or used items – buy, sell, trade, take on consignment, take in pawn. Second hand dealer information is on the back of this page. In addition to the County license a State license may be required, and some Dealers are required to report transactions to the Sheriff and pay a Reporting fee. What percent of total sales are secondhand/used Items? _____ Please indicate which best describes your business activities ____ Pawn shop/pawn broker ____ Thrift store (donated goods only) ____ Consignment ____ Precious metals (buy or sell to the public) ____ General Secondhand/Used Goods (including Internet Sales, Estate Sales, Liquidators)		

If you answered **YES** to **ANY** question, the fee is: **\$166.00**

*Business owner(s) and anyone working for the businesses above indicated by a star are required to obtain and carry with them a **photo id card** or an **employee permit** issued by the Sheriff. Please request an Employee Permit application if you work for one of these types of business.

If you answered YES to ANY question in Section III, a Special Business License and/or an Employee Permit is required. All owners and partners or a corporate officer must be fingerprinted at the Sheriff's Department immediately after the application is filed with the Business License unit.

The Sheriff's Department will charge a separate, one time \$32.00 fingerprinting fee for the first owner on the license/permit, and a \$59.00 fee for each partner, spouse, or co-owner.

PLEASE READ AND SIGN DECLARATIONS PAGE

Section III of the Application – Special Business Licenses and Employee Permits

Special Business Licenses are issued to individuals engaged in certain business activities in the unincorporated area after a background review by the Sheriff's Department. In addition to Special Business Licenses, employees who engage in certain activities may require an identification card called an **Employee Permit**. There is a separate application for Employee Permits. The Special Business License and Employee Permit are valid for one year, or until a change of ownership or business activity.

If a Special Business License or Employee Permit is needed

After filing your application, you must go to the Sheriff's Identification Bureau at 711 G Street for fingerprinting. The Sheriff's Office is open for fingerprinting from 10:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m. Monday through Friday. This is the only Sheriff location that processes Special Business License fingerprints. An application is not considered complete without fingerprinting, and the Sheriff's Office may deny an application if the individual(s) does not get fingerprinted within fifteen days of submitting the application.

Massage

Sacramento County defines massage as “any method of pressure or friction against, or stroking, kneading, rubbing, tapping, pounding, vibrating or stimulating of the external surfaces of the body with hands or with any object, appliance or wrap.” Acupressure, Reiki, and similar bodywork is considered a type of massage.

Massage practitioners must provide proof of insurance and a current, valid CPR certificate along with a diploma showing at least 125 hours of massage training from an approved school.

Massage practitioners holding a certification from the California Massage Therapy Council (CAMTC) must present proof of certification in good standing in order to be exempted from the Special Business License requirement for massage practitioners, and must maintain an active CAMTC certification.

Second Hand Items

If you buy, sell, trade, or take in consignment second hand (used) goods, you may require a State of California Second Hand Dealers License in addition to the Sacramento County Business License. The Sheriff will not approve your County license until the State license is obtained. In addition, dealers in certain types of second hand goods must report transactions to the Sheriff and pay a \$300 annual Reporting fee. The Sheriff will review your application and determine whether the reporting requirement applies to your business. You will be separately invoiced for the Reporting fee the first year. If the Reporting fee is required the Sheriff will not approve your license until the fee is paid. Contact the Sheriff's Department at 874-1728 to determine if you are required to have a State License and/or pay the Reporting fee. The Reporting fee will be collected each year as part of your Special License renewal.

Contacts

Application Fees are NON-REFUNDABLE. If you require a Special Business License or Employee Permit and you have anything in your background that the Sheriff may have concerns about, you are encouraged to contact the Sheriff's Department BEFORE submitting your business license application.

For specific information regarding **Special Business License/Employee Permit** approval, please contact:
Special Investigations Unit, Sacramento County Sheriff's Department (916) 874-5848
711 G Street, Sacramento, CA 95814

Fingerprinting Hours: 10:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m., Monday through Friday excluding holidays.
Note: these hours are subject to change - call the Identification Unit (fingerprinting) at (916) 874-8076 to confirm.

DECLARATIONS PAGE

IMPORTANT---PLEASE READ THE INFORMATION BELOW

Business licenses are issued subject in part to the information provided by applicants. Any change in the information provided may invalidate the business license. The General Business License is **NOT TRANSFERABLE** to a new owner, new type of business activity, or new location. The Special Business License is **NOT TRANSFERABLE** to a new owner or new business activity.

It is the responsibility of all business owners to identify and obtain all special permits and approvals required by federal, state, or county regulation. It is also the responsibility of the business owners to comply with all county building and zoning regulations. Failure to do so may invalidate your right to do business in this county and in addition may subject you to penalties and legal sanctions.

NOTE: It is a misdemeanor for any person to knowingly falsify or conceal any fact or make any false or fraudulent statement in any matter within the jurisdiction of any department of the County.

Doing Business without a valid, active Business License is a misdemeanor.

Checks should be made payable to "Sacramento County".

LICENSE AND/OR PERMIT FEES ARE NON-REFUNDABLE.

ALL INFORMATION IN THIS APPLICATION IS PUBLIC RECORD.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

(Clearly) Print Owner Name

Business Name

Owner Signature

Date

Print Preparer Name

Preparer Phone Number

Compliance with the Americans with Disabilities Act:

Under Federal and State law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx.

The Department of Rehabilitation at www.rehab.cahwnet.gov.

The California Commission on Disability Access at www.cdda.ca.gov.



Prefer not to handle the paperwork yourself? No problem! **We will complete the filings for you.** Select the licenses you'd like us to file and return this form via email.

- ✓ Prepare the application forms for each of the required licenses
- ✓ Contact you regarding necessary information, documentation, and/or signatures
- ✓ File application, fee and supporting documentation with the appropriate licensing agency
- ✓ Follow up with the licensing agency to achieve fast results
- ✓ Confirm that the license has been issued

License Type	Service Fee*	Quantity	Order
Tax Registration	TBD	2	
Contractor	TBD	1	
Business License	TBD	1	

Service Agreement Acceptance:

_____ has reviewed the above services and pricing, including any special offers made. I accept this Service Agreement on behalf of _____ and direct you to begin with the **License Filings** as soon as possible. If, for any reason, this agreement is canceled, services rendered in relation to this Service Agreement will be billed at cost for work done to date.

Credit Card Information:

Name on Credit Card: _____ Type of Card: _____
Billing Address: _____
Card Number: _____ Expiration: _____ Security Code: _____

By signing below, you hereby: (i) agree that you have read and understand, and agree to be bound by our [Terms and Conditions](#); (ii) expressly authorized us to affix your electronic signature to documents as necessary to permit us to fulfill its obligations under any agreement; (iii) acknowledge and agree that we are not a law firm, and that we, or any of our employees or agents, have provided you with legal services or legal advice.

Sign: _____ Date: _____

** Service fees above do not include any application fees required by the licensing authority. Such application fees will be paid and billed to you along with the service fees.*