

**CONTRACTORS STATE LICENSE BOARD**

9821 Business Park Drive, Sacramento, CA 95827
 Mailing Address: P.O. Box 26000, Sacramento, CA 95826
 800-321-CSLB (2752) | www.cslb.ca.gov | *CheckTheLicenseFirst.com*

STATE OF CALIFORNIA
 Governor Gavin Newsom

Contractor Notification of Home Improvement Salesperson Employment Cessation

Pursuant to Business and Professions Code (BPC) section 7154, contractors must notify the Registrar of the Contractors State License Board (CSLB) in writing **within 90 days** after the date that a registered home improvement salesperson (HIS) ceases to be employed by the contractor. Submission of this completed form to CSLB by a contractor meets that notification requirement. Failure of a contractor to make the required HIS notifications to CSLB is grounds for disciplinary action.

Please be aware that BPC section 7154 also requires contractors to notify CSLB of the employment of a new HIS **prior to the HIS beginning work** for the contractor. Submission of a completed Contractor Notification of Home Improvement Salesperson Association form (available on CSLB's website) meets that requirement. Please see that form for information regarding exemptions from the registration requirement.

Please type or print neatly and legibly in black or dark blue ink. There is no fee for this notification. For notifications of more than one (1) HIS, please complete and submit an additional form for each.

SECTION 1 – CONTRACTOR BUSINESS NAME AND ADDRESS

CONTRACTOR BUSINESS NAME		LICENSE NUMBER	
MAILING ADDRESS (<i>Address of Record</i>) Number/Street or P.O. Box		City	State ZIP Code
PHONE NUMBER ()	FAX NUMBER ()	EMAIL ADDRESS	

SECTION 2 – HOME IMPROVEMENT SALESPERSON INFORMATION

HIS FULL LEGAL NAME Last First Middle			HIS REGISTRATION NUMBER
DAYTIME PHONE NUMBER ()	EMAIL ADDRESS	EMPLOYMENT END DATE	

SECTION 3 – REQUIRED CONTRACTOR SIGNATURE (*Form must be signed by the owner of a sole owner license; a general partner of a partnership license; a current authorized officer of a corporate license; or a current authorized officer, manager, or member of a limited liability company license. Responsible managing employee and limited partner signatures are **not** acceptable on this form.*)

I certify under penalty of perjury under the laws of the State of California that all statements and representations made or provided by me in this form, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this form.

Contractor Printed Name	Contractor Title
Contractor Signature	Date

Notice on Collection of Personal Information

CSLB collects the personal information requested on this form as authorized by Business and Professions Code sections 480 and 7154. CSLB uses this information to enforce registration and reporting standards set by law and regulation. Submission of the requested information is mandatory. CSLB cannot consider your HIS employment cessation notice complete 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.

FOR CSLB USE ONLY



13H-10 (09/2022)

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