



CONTRACTORS STATE LICENSE BOARD

STATE OF CALIFORNIA

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

Governor Edmund G. Brown Jr.

**REQUEST FOR WORKERS' COMPENSATION INSURANCE CERTIFICATE ACCEPTANCE
BUSINESS & PROFESSIONS CODE § 7125.1**

If a licensee can show that failure to have a current Workers' Compensation Insurance Certificate on file was due to circumstances beyond his or her control, the CSLB can accept the certificate as of its effective date, even though it was not received by CSLB within 90 days after that date. CSLB can then reinstate the license, if otherwise eligible, retroactive to the certificate's effective date.

§ 7125.1. Time limit for acceptance of certificate

(a) The registrar shall accept a certificate required by Section 7125 as of the effective date shown on the certificate, if the certificate is received by the registrar within 90 days after that date, and shall reinstate the license to which the certificate pertains, if otherwise eligible, retroactive to the effective date of the certificate.

(b) Notwithstanding subdivision (a), the registrar shall accept the certificate as of the effective date shown on the certificate, even if the certificate is not received by the registrar within 90 days after that date, upon a showing by the licensee, on a form acceptable to the registrar, that the failure to have a certificate on file was due to circumstances beyond the control of the licensee. The registrar shall reinstate the license to which the certificate pertains, if otherwise eligible, retroactive to the effective date of the certificate.

I, _____ certify under penalty of perjury under the laws of the State
Print name of Owner, General Partner, Officer, Member or Manager

California that the failure to file a Workers' Compensation Insurance Certificate for policy number _____
Print policy number

with the effective date of _____ for contractor's license number _____
Print mm / dd / yyyy Print license number

in the business name: _____
Print business name as it currently appears on CSLB records

was beyond my control because: _____

(Use additional pages if necessary. Attach any supporting documentation from Insurer)

Signature of Licensee Print Name Date

NOTICE ON COLLECTION OF PERSONAL INFORMATION

I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this application. In signing and submitting this application, I also authorize the Franchise Tax Board to provide CSLB with required tax information pursuant to BPC section 7145.5.

13L-49 (7/17)

