



CONTRACTORS STATE LICENSE BOARD

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

STATE OF CALIFORNIA
Governor Edmund G. Brown Jr.

Disclosure Statement Regarding Criminal Plea/Conviction

Please complete one form for each plea or conviction, regardless of when the crime was committed or whether it was dismissed or expunged. All fields must be completed. **FAILURE TO ACCURATELY REPORT ANY AND ALL DISCLOSABLE PLEAS/CONVICTIONS MAY BE GROUNDS FOR THE DENIAL OF YOUR APPLICATION.**

Applicant Name:					
Arresting Agency:					
Plea/Conviction Date:		Court Case/Docket Number:			
Plea/Conviction Level:		<input type="checkbox"/> Misdemeanor		<input type="checkbox"/> Felony	
Court Name and Location:		Violation Code(s):			
Sentence Imposed:		Please describe any punishment imposed by the court.			
Incarceration Date:		Release Date:			
Probation/Parole Date:		Completion Date:			
Terms and Conditions of Probation/Parole:		Probation Officer/Parole Agent Name & Phone Number:			
Fines (amount):		\$	Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restitution (amount):	
				\$	Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Details of Crime:		Please provide details of this crime, including a complete description of the facts and circumstances that led to your conviction. You should include who participated in the crime; who the victim was; what losses were suffered; and when, where, and how the crime occurred.			
Rehabilitation Efforts:		What positive changes have you made in your life since this conviction? Please attach documentation to support any rehabilitation efforts.			

