



**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.

## Request for Voluntary Surrender and Cancellation of Home Improvement Salesperson Registration

This form may be used **ONLY** to surrender a home improvement salesperson (HIS) registration. Cancellation will be effective upon receipt of the surrender request by the Registrar of the Contractors State License Board (CSLB). Upon cancellation, you will no longer be authorized to function as an HIS in the State of California.

NOTICE: An HIS whose registration is canceled must notify the Registrar in writing of a change of address of record **within 90 days** and must maintain a current address of record during the **five-year period** immediately following the cancellation of the registration. (Business and Professions Code sections 23.8 and 7083.1.)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK OR DARK BLUE INK.

HIS FULL LEGAL NAME (Exactly as it appears on CSLB records) Last First Middle

MAILING ADDRESS (Address of Record) Number/Street or P.O. Box City State ZIP Code

DAYTIME PHONE NUMBER ( ) FAX NUMBER ( )

EMAIL ADDRESS HIS REGISTRATION NUMBER BEING SURRENDERED

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.

Signature of Home Improvement Salesperson \_\_\_\_\_

Print Name \_\_\_\_\_ 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 7076.1 and Article 10 of Chapter 9 of Division 3 of the Business and Professions Code. CSLB uses this information to evaluate and process requests for voluntary surrender of HIS registrations and to enforce registration standards set by law and regulation. Submission of the requested information is mandatory. CSLB cannot consider your surrender request 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

