

**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 Gavin Newsom

**APPLICATION TO REMOVE CLASSIFICATION FROM LICENSE**

Use this form to remove an existing classification from a license.

The date CSLB receives this form will be used as the classification removal date on the license.

Once the classification is removed, you must submit form 13A-2, Application for Additional Classification and the required fee to add the classification to the license.

**IMPORTANT:** Pursuant to Business and Professions Code Section 7059.1(a) a licensee shall not use any business name that indicates the licensee is qualified to perform work in classifications other than those issued for that license.

If the business name as it currently appears on CSLB records is not compatible with the remaining classifications listed on the license, this form will be rejected. To change the license business name, complete form 13L-4, Application to Change Business Name or Address.

<b>SECTION 1 – COMPLETE EACH AREA</b>			
Business Name (as it currently appears on CSLB records)		License Number	
Classification to be Removed from License			
Business Mailing Address (number/street or P.O. box)		City	State
			Zip Code
Business Street Address (required or application will be returned)		City	State
			Zip Code
Business Phone Number	Business Fax Number	Business E-mail Address	

<b>SECTION 2 – THIS CERTIFICATION MUST BE COMPLETED BY A MEMBER OF PERSONNEL CURRENTLY LISTED ON THE RECORDS OF CSLB. A RESPONSIBLE MANAGING EMPLOYEE (RME) OR LIMITED PARTNER CANNOT SIGN THIS FORM.</b>	
On _____ at _____	
DATE	CITY/COUNTY/STATE
I certify under penalty of perjury under the laws of the State of California that all statements, answers and representations in this application are true and correct and that I have reviewed the entire contents of this application.	
<b>FALSIFICATION OF ANY DOCUMENT IS GROUNDS FOR DISCIPLINARY ACTION.</b>	
Signature of Contractor (Owner, General Partner, Qualifying Partner, Officer, or RMO)	Printed Name

**NOTICE ON COLLECTION OF PERSONAL INFORMATION**

CSLB collects the personal information requested on this form as authorized by Business and Professions Code Section 30. 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 this Application to Remove Classification from License form 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. This application contains an applicant authorization for the Franchise Tax Board to disclose to CSLB any outstanding final liabilities for the purpose of administering Business and Professions 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.

