



Application to Inactivate Contractor's License

An Application to Inactivate Contractor's License cannot be used to renew a license inactive. To renew a license inactive, you must obtain a Renewal Application from the Contractors State License Board (CSLB), either by ordering one from the Forms and Applications page on CSLB's website or by requesting one from CSLB at 1-800-321-CSLB (2752).

The holder of an inactive license is not entitled to practice as a contractor until their license is reactivated. Acting in the capacity of a contractor under any license that has been made inactive constitutes a cause for disciplinary action. (Business and Professions Code [BPC] section 7117.5 (a))

To reactivate a license, you must submit an Application to Reactivate Contractor's License, pay the prescribed fee, and fulfill all other requirements. You may obtain an Application to Reactivate Contractor's License either by ordering one from the Forms and Applications page on CSLB's website or by requesting one from CSLB at 1-800-321-CSLB (2752).

PLEASE REVIEW THE FOLLOWING REQUIREMENTS FOR INACTIVATING YOUR LICENSE:

- Is your license currently renewed? An expired license cannot be inactivated.
Did your license expire more than five (5) years ago? If so, this application cannot be processed. Instead, you must submit an Application for Original Contractor License to obtain a new license.
Is your current pocket license card enclosed? You must return it with this Application to Inactivate Contractor's License.
Is your pocket license card lost? Enclose the fee of \$25 to replace it. Attach a money order or a personal, business, certified, or cashiers' check made payable to the Registrar of Contractors. Do not send cash. Please be aware that there is a \$25 service charge for each dishonored check.

Check this box if you are in the process of obtaining a new license and do not want this document processed until the new license is issued.

Please type or print legibly in black or dark blue ink. ALL FORMS MUST BE DATED AND SIGNED IN SPACE PROVIDED BELOW.

SECTION 1 - COMPLETE EACH AREA
1. BUSINESS NAME (As it currently appears on CSLB records)
2. LICENSE NUMBER
3. BUSINESS MAILING ADDRESS (Number & Street or P.O. Box) City State ZIP Code
4. BUSINESS STREET ADDRESS (Number & Street - NO P.O. Box or Private Mail Box) City State ZIP Code
5. BUSINESS PHONE NUMBER ()
6. BUSINESS FAX NUMBER ()
7. BUSINESS E-MAIL ADDRESS

SECTION 2 - THIS CERTIFICATION MUST BE COMPLETED BY A MEMBER OF PERSONNEL CURRENTLY LISTED ON THE RECORDS OF CSLB. A RESPONSIBLE MANAGING EMPLOYEE (RME) CANNOT SIGN THIS FORM.
I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made or provided by me in this application, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this application.
8. DATE SIGNATURE OF OWNER, QUALIFYING OR GENERAL PARTNER, OFFICER, MEMBER, OR MANAGER PRINTED NAME OF OWNER, QUALIFYING OR GENERAL PARTNER, OFFICER, MEMBER, OR MANAGER

NOTICE ON COLLECTION OF PERSONAL INFORMATION

CSLB collects the personal information requested on this form as authorized by BPC sections 30 and 7076.5. CSLB uses this information to inactivate your contractor license. Submission of the requested information is mandatory. CSLB cannot consider your application to inactivate your contractor license 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.

