



CONTRACTORS STATE LICENSE BOARD

STATE OF CALIFORNIA

Northern California:
 Sacramento Intake & Mediation Center
 P.O. Box 269116, Sacramento, California 95826-9116
 1-800-321-CSLB (2752)

Southern California:
 Norwalk Intake & Mediation Center
 12501 East Imperial Highway, Suite 620, Norwalk, California 90650
 1-800-321-CSLB (2752)

www.cslb.ca.gov

Building Department Referral Form

REPORTING AGENCY

AGENCY NAME _____

ADDRESS number street _____

city county state ZIP code _____

CONTACT PERSON _____

PHONE () _____ EMAIL ADDRESS _____

CONTRACTOR INFORMATION

CONTRACTOR NAME _____

DBA _____

ADDRESS number street _____

city state ZIP code _____

LICENSE NO. USED, IF ANY _____ EMPLOYEES? YES NO HOW MANY? _____

PROJECT INFORMATION

OWNER OF CONSTRUCTION SITE _____

CONSTRUCTION SITE ADDRESS number street _____

number street city state ZIP _____ city state ZIP _____

PHONE () _____ TYPE OF WORK _____

NATURE OF REFERRAL

UNLICENSED ACTIVITY

CONTRACTING WITH AN INACTIVE, REVOKED, SUSPENDED OR EXPIRED LICENSE

NO WORKERS' COMPENSATION

BUILDING CODE VIOLATIONS

OTHER

DATE(S) OF OCCURRENCE(S): _____

ADDITIONAL INFORMATION

COMMENTS: _____

TO EXPEDITE CSLB'S INVESTIGATION, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE. ATTACH A BUSINESS CARD, COPY OF PERMIT APPLICATION, CITY BUSINESS LICENSE, ETC. RETURN THE COMPLETED FORM AND ATTACHMENTS TO THE NEAREST OFFICE OF THE CONTRACTORS STATE LICENSE BOARD.

SUBMITTED BY: _____ DATE: _____

FOR OFFICE USE ONLY

COMPLAINT NUMBER		TYPE CNST	IN V	ORG	PRTY	DATE RECEIVED			SPECIAL PROJECT	DT STAT EXP			CSR INIT	ASSIGNED TO CSR			ER INIT	ASSIGNED TO ER			
FY						MO	DA	YR		MO	DA	YR		MO	DA	YR		MO	DA	YR	
LICENSE NUMBER						CLOSURE LETTER			DISPOSITION	DATE CLOSED			STATUS CHANGE						STP		
SECTIONS VIOLATED						C			C												