



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

License Continuance Request

A license continuance request can only be considered when this form is submitted and accepted for processing by the Contractors State License Board (CSLB) within 90 days of the event that caused the license cancellation.

What does an approved continuance allow you to do? After a continuance is approved, a sole ownership, partnership, or joint venture license that has been cancelled can continue normal business operations for a reasonable amount of time, which is determined by Contractors State License Law.

ONLY A SOLE OWNERSHIP, PARTNERSHIP, OR JOINT VENTURE ENTITY LICENSE MAY APPLY FOR A CONTINUANCE. CORPORATIONS, TRIBAL BUSINESSES, AND LIMITED LIABILITY COMPANIES ARE NOT ELIGIBLE FOR A CONTINUANCE.

Sole Ownership License: If the owner dies, a member of his or her immediate family may request a continuance. CSLB defines immediate family as the spouse, father, mother, brother, sister, son, daughter, stepson, stepdaughter, grandson, granddaughter, son-in-law, or daughter-in-law. When requesting a continuance due to the death of a sole owner, a copy of the deceased individual's death certificate or obituary notice is required.

Partnership License: Any remaining general partners (no limited partners) listed on the license may request a continuance. In the event of a general partner's **death**, an approved continuance allows the remaining partners to complete projects in progress and undertake new work. When requesting a continuance due to the death of a general partner, a copy of the deceased general partner's death certificate or obituary notice is required.

When a general partner **disassociates**, the remaining partners can complete projects in progress, but no new work may be undertaken. A list of the projects that were in progress prior to the date of disassociation and copies of the contracts for the projects must be provided along with this completed form.

Joint Venture License: If an entity disassociates, the remaining business entities listed on the license may request a continuance. A list of the projects that were in progress prior to the disassociation date and copies of the contracts for the projects must be provided along with this completed form.

Please Type or Print Legibly in Black or Blue Ink

SECTION 1 –BUSINESS NAME AND ADDRESS

Please provide the full, legal business name as it appears on the license. P.O. Boxes and private mailboxes (PMB) are not acceptable for the street address.

1. Business Name		2. CSLB License Number	
3. Business Mailing Address – Number/Street or P.O. Box		City	State ZIP Code
4. Business Street Address – Number/Street Only – NO P.O. Boxes or PMBs		City	State ZIP Code
5. Daytime Phone Number ()	Fax Number ()	Business Email Address	

I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this application. In signing and submitting this application, I also authorize the Franchise Tax Board to provide CSLB with required tax information pursuant to Business and Professions Code [BPC] section 7145.5.

Date	Signature of Immediate Family Member or General Partner	Printed Name
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COLLECTION OF PERSONAL INFORMATION

CSLB collects the personal information requested on this form as authorized by B&P Code section 30 and California Code of Regulations section 816. 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 your application for licensure or renewal unless you provide all of the requested information. You may review CSLB records 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. The application contains an applicant authorization for the Franchise Tax Board to disclose to CSLB any outstanding final liabilities for the purpose of administering B&P 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, or call (866) 785-9663.



Personnel Information Request for License Continuance

A license continuance request can only be considered when this form is submitted and accepted for processing by the Contractors State License Board (CSLB) within **90 days** of the event that caused the license cancellation.

Please type or print legibly in black or blue ink: Complete this form and all accompanying forms legibly in black or blue ink or on CSLB's website www.cslb.ca.gov using the form-fill feature. Forms completed in pencil will be returned to you. Please make sure that you and other authorized individuals sign and date the forms where applicable.

General Information and Instructions

Leave no space blank: Complete ALL of the information below for the individual being added to the license record for the duration of the license continuance.

1a: Enter the full legal name as Last, First, Middle. If an individual does not have a middle name, write "None" or "No Middle Name" in the space provided. If an individual has only an initial for their first or middle name, write "Initial Only" after the initial.

1b: Enter the date of birth in MM/DD/YYYY format.

1c: Enter the individual's U.S. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) if they do not have an SSN.

2: Enter a residence street address for the individual. This address will only be used for CSLB's administrative purposes – it will not be published on CSLB's website. P.O. boxes and Personal Mailboxes (PMBs) are not acceptable for the residence street address.

3a, 3b, 3c, and 3d: Enter the individual's Driver License Number, Residence Phone Number, Fax Number, and Email Address.

4: Enter the individual's familial relationship to the licensee (i.e. spouse, son, daughter, etc.)

5: Sign, print name, and date the certification statement. Failure to complete this section will result in the form being returned for correction and will delay processing the continuance.

SECTION 1 – CONTINUANCE INDIVIDUAL

Please provide the full legal name of the personnel being added to the license record for continuance.

1a. PERSONNEL'S FULL LEGAL NAME – Last First Middle			1b. DATE OF BIRTH	1c. SOCIAL SECURITY NUMBER / ITIN
2. RESIDENCE ADDRESS – Number/Street Only – NO P.O. Boxes or PMBs			City	State ZIP Code
3a. DRIVERS LICENSE NUMBER	3b. RESIDENCE PHONE NUMBER ()	3c. FAX NUMBER	3d. EMAIL ADDRESS	
4. RELATIONSHIP TO LICENSEE				
5. I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations made in this application, including all supplementary statements attached hereto, are true and correct, and that I have reviewed the entire contents of this application. In signing and submitting this application, I also authorize the Franchise Tax Board to provide CSLB with required tax information pursuant to Business and Professions Code [BPC] section 7145.5.				
Date	Signature of Immediate Family Member or General Partner		Printed Name	