



CONTRACTORS STATE LICENSE BOARD

9821 Business Park Drive, Sacramento, CA 95827
 Mailing Address: P.O. Box 26000, Sacramento, CA 95826
 800.321.CSLB (2752)

STATE OF CALIFORNIA
www.cslb.ca.gov
CheckTheLicenseFirst.com

PERMIT VIOLATION REFERRAL FORM
FAX COMPLETED FORM TO: (916) 255-4184

COMPLAINANT				CONTRACTOR INFORMATION (IF KNOWN)					
PLEASE CHECK TO REMAIN ANONYMOUS: <input type="checkbox"/>				CONTRACTOR NAME:		PRIME <input type="checkbox"/> SUB <input type="checkbox"/>			
NAME:									
AGENCY OR COMPANY:				DBA:		LICENSE #:			
ADDRESS:				ADDRESS:					
CITY:		COUNTY:	STATE:	ZIP:	CITY:		COUNTY:	STATE:	ZIP:
PHONE #:				Were Employees Present?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
EMAIL ADDRESS:				IF YES, HOW MANY?					
PROJECT INFORMATION (If Available)									
OWNER OF CONSTRUCTION SITE AND/OR AWARDDING BODY:				PROJECT STREET ADDRESS:		RESIDENTIAL <input type="checkbox"/>		COMMERCIAL <input type="checkbox"/>	
STREET ADDRESS:				CITY		STATE		ZIP	
CITY		STATE		ZIP		DESCRIPTION OF WORK:			
PHONE:									
Did you notify the local Building Department of work being done without a permit?		YES <input type="checkbox"/> NO <input type="checkbox"/>		APPROXIMATE DATE OF WORK:					
FOR OFFICE USE ONLY									

COMPLAINT NUMBER		TYPE CONST	INV	ORG	PRTY	DATE RECEIVED			SPECIAL PROJECT	DATE STATE EXP			ER INIT	ASSIGNED TO ER			
F	Y					MO	DA	YR		MO	DA	YR		MO	DA	YR	
LICENSE NUMBER		CLOSURE LETTER	DISPOSITION		DATE CLOSED			STATUS CHANGE									
SECTIONS VIOLATED					MO	DA	YR	c		c		c		c		DATE	
		c															