



Application for Original Contractor's License

Application Fee

Single classification ..... \$250
Each additional classification ..... 50
Initial License Fee ..... 150
Total fees required for single classification ..... 400

Attach a money order, personal, business, certified or cashier's check payable to the Registrar of Contractors. Do not send cash.

There is a \$10 service charge for each dishonored check.

Application fees are not refundable once the application has been filed.

CSLB is not authorized to license a Limited Liability Company (LLC).

Voluntary contribution to Construction Management Education Account .....

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. READ THE INSTRUCTIONS PAGE ATTACHED.

1. FULL NAME OF NEW BUSINESS
2. CLASSIFICATION(S) REQUESTED

3a. BUSINESS MAILING ADDRESS number/street or P.O. box city state ZIP code

3b. BUSINESS STREET ADDRESS (REQUIRED OR APPLICATION WILL BE RETURNED) city state ZIP code

4. BUSINESS PHONE NUMBER BUSINESS FAX NUMBER BUSINESS E-MAIL ADDRESS

5. NEW BUSINESS WILL OPERATE AS A:
SOLE OWNERSHIP PARTNERSHIP—FEDERAL EMPLOYER I.D. # CORPORATION —CORPORATION #:

6. NAME OF QUALIFIER FOR NEW LICENSE
7. PERCENTAGE OF THE NEW BUSINESS THE QUALIFIER OWNS %

8. QUALIFIER'S EXISTING AND/OR PREVIOUS CALIFORNIA CONTRACTOR'S LICENSE NUMBER(S).
(If none, enter N/A.)

9. The following must be completed by all individuals who will be listed on the license. Domestic corporations must list a President, Secretary, and Treasurer.
(See page "Question 9, Continued for Additional Personnel.")

9a. NAME last first full middle name DATE OF BIRTH SOCIAL SECURITY # DRIVER LICENSE #
RESIDENCE ADDRESS number/street city state ZIP code Residence phone number

TITLE OR POSITION (check one):
Owner General Partner Limited Partner Qualifying Partner RME RMO/Corporate Officer Corporate Officer
Indicate corporate title(s)

9b. NAME last first full middle name DATE OF BIRTH SOCIAL SECURITY # DRIVER LICENSE #
RESIDENCE ADDRESS number/street city state ZIP code Residence phone number

TITLE OR POSITION (check one):
Owner General Partner Limited Partner Qualifying Partner RME RMO/Corporate Officer Corporate Officer
Indicate corporate title(s)

9c. NAME last first full middle name DATE OF BIRTH SOCIAL SECURITY # DRIVER LICENSE #
RESIDENCE ADDRESS number/street city state ZIP code Residence phone number

TITLE OR POSITION (check one):
Owner General Partner Limited Partner Qualifying Partner RME RMO/Corporate Officer Corporate Officer
Indicate corporate title(s)

With the exception of driver license numbers, all information requested is mandatory, including disclosure of social security numbers. Collection of social security numbers is authorized by Business & Professions Code Section 30 and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(C)). Social security numbers are used exclusively for the purpose of tax enforcement and/or compliance with any judgment or order for family support in accordance with Family Code, Section 17520. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board and they may assess a \$100 penalty against you. The official responsible for the maintenance of this information is the Registrar of Contractors, Contractors State License Board. The information may be transferred to other state or government agencies. Individuals have the right to review files or records about them maintained by the agency, unless the records are identified as confidential information and exempted by the Information Practices Act, Section 1798.3.



Application for Original Contractor's License, Continued

Questions 10, 11 and 12 pertain to **everyone** listed on this application; if "yes" is checked, the person involved must attach a detailed explanation.

- 10. Is anyone listed on this application (or any company the person was a part of) named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against any bond or cash deposit?
[ ] yes [ ] no

If you checked "yes," attach a statement identifying all judgments (pending or on record), liens, past due unpaid bills, claims, or suits and a detailed explanation of the situation. Include the names and addresses of the parties involved. If the obligation was or is being discharged in bankruptcy, attach a copy of the bankruptcy filing and a copy of the creditors list.

- 11. Has anyone listed on this application ever been convicted of any offense(s) (other than minor traffic violations) in this state or elsewhere?
[ ] yes [ ] no

If you checked "yes," disclose all convictions, including violated law sections, and thoroughly explain the acts or circumstances which resulted in conviction. Include the following: dates of the convictions; county and state where the violations took place; name of the court; court case numbers; sentences imposed; jail/prison terms served; terms and conditions of parole or probation; parole or probation completion dates; and parole agent/probation officer names and phone numbers. You are required to provide all of this information even if the conviction was sealed or expunged under Penal Code Section 1203.4 or an applicable code of another state.

- 12. Has anyone listed on this application (or any company the person was part of) ever received a citation from the Contractors State License Board? Ever had a contractor's license or other professional or vocational license denied, suspended, or revoked by this state or elsewhere? (Check "no" if the license was suspended due to lack of: a bond; workers' compensation; a qualifier; or family support.)
[ ] yes [ ] no

If you checked "yes," attach a detailed statement explaining the events leading to this action.

- 13a. (This question must be answered by the Qualifying Individual.) The Registrar of Contractors has determined that direct supervision and control includes any one or a combination of the following activities: supervising construction, managing construction activities by making technical and administrative decisions, checking jobs for proper workmanship, or direct supervision on construction job sites. Will you as Qualifying Individual perform one or more of these duties?
[ ] yes [ ] no

- 13b. (This question must be answered only if the license will be qualified by a Responsible Managing Employee (RME). Board Rule 823 states that an RME must work at least 32 hours per week or 80% of the total operating hours per week for the entity which he or she is qualifying. Will your Responsible Managing Employee meet the requirement of Board Rule 823 cited above?
[ ] yes [ ] no

- 14. By law, all applicants must have more than \$2,500 operating capital. (Business & Professions Code Section 7067.5) Operating capital is your current assets minus your current liabilities. Does your operating capital exceed \$2,500?
[ ] yes [ ] no

- 15. The following certification must be completed and signed by all personnel listed on this application.

On \_\_\_\_\_ at \_\_\_\_\_,
DATE CITY/COUNTY/STATE

I/we certify under penalty of perjury under the laws of the State of California that all statements, answers and representations in this application, including all supplementary statements attached hereto, are true and accurate, and that I/we have reviewed the entire contents of this application.

Signature \_\_\_\_\_ Print name \_\_\_\_\_
Signature \_\_\_\_\_ Print name \_\_\_\_\_
Signature \_\_\_\_\_ Print name \_\_\_\_\_

(See "Question 9, Continued, for Additional Personnel.")



Certification of Work Experience

The Qualifying individual must complete the information below—read the instructions on the next page.

Use a separate form for each employer. Copy this form or contact CSLB if you need additional forms. Please type or print legibly in black ink.

QUALIFYING INDIVIDUAL'S NAME

BUSINESS NAME OF EMPLOYER—OR, IF YOU WERE SELF-EMPLOYED, LEAVE THIS SPACE BLANK AND CHECK THIS BOX

EMPLOYER'S BUSINESS STREET ADDRESS city state ZIP code

MY TIME BASE WORKED WAS (check one): FULL TIME PART TIME FROM TO month/day/year month/day/year

DURING THIS EMPLOYMENT, I WORKED AT JOURNEY LEVEL OR ABOVE FOR A TOTAL OF : YEARS AND MONTHS.

(If you worked part time, calculate the total years using the following formula: 6 years part time (50%) = 3 years)

WAS YOUR EXPERIENCE OBTAINED WORKING ON YOUR OWN PROPERTY AS AN OWNER/BUILDER? YES NO

IF YOU CHECKED YES, USE THE APPROVED "PROJECT LIST" FORM (AVAILABLE FROM CSLB) TO PROVIDE A LIST OF COMPLETED PROJECTS.

LIST ALL SPECIFIC TRADE DUTIES YOU HAVE PERFORMED OR SUPERVISED IN THE CLASSIFICATION YOU ARE APPLYING FOR: (Do not list office work or individual projects.)

TO RECEIVE CREDIT FOR A COMPLETED APPRENTICESHIP PROGRAM:

- SUBMIT A COPY OF YOUR APPRENTICESHIP CERTIFICATE, AND
ENTER THE BEGINNING AND ENDING DATES OF YOUR (COMPLETED) APPRENTICESHIP PROGRAM: FROM TO MONTH/DAY/YEAR MONTH/DAY/YEAR

TO RECEIVE CREDIT FOR EDUCATIONAL EXPERIENCE:

- SUBMIT A COPY OF YOUR DIPLOMA FOR A FOUR-YEAR DEGREE IN A BUSINESS OR CONSTRUCTION-RELATED FIELD; OR
SUBMIT TRANSCRIPTS FOR: A TWO-YEAR DEGREE (OR LESS); TECHNICAL TRAINING (MUST INCLUDE COURSE HOURS AND DESCRIPTIONS); AND ALL OTHER DEGREES.
(If you received your degree outside the United States, your transcripts must be evaluated by an accredited evaluation service that does business within the United States.)

CERTIFICATION STATEMENT—CERTIFIER MUST COMPLETE THE FOLLOWING AFTER THE QUALIFIER HAS COMPLETED THE SECTION ABOVE

My relationship to NAME OF QUALIFIER, is or was (check all that apply):

- Fellow Employee Employer Foreman/Supervisor Journeyman Business Associate Union Representative Contractor (License # ) Client ( if applicant self-employed)

CERTIFIER'S STREET ADDRESS city state ZIP code

PHONE NUMBER FAX NUMBER E-MAIL ADDRESS
( ) ( )

I certify that I have direct knowledge of the work outlined in the experience block shown directly above. I certify under penalty of perjury, under the laws of the State of California, that the information stated above is true and correct.

Signed Print Name

Signed at: City County State Date

## Certification of Work Experience—Instructions

**NOTE: If, within the past 5 years, you have either qualified for or passed an examination in the classification you are applying for now, do not complete this form.**

The Certification Statement at the bottom of the Certification of Work Experience form must be completed by a qualified, responsible person who is able to certify the work experience of the applicant. This form will help the CSLB determine whether the applicant has the experience necessary to become a capable, qualified contractor.

Please check each item below to ensure that you understand how to complete this form:

- This form must be filled in completely in black ink or the application will be returned.
- You must use ink or a typewriter—pencil is not acceptable. Original signatures are required—faxed, photocopied, or stamped signatures are not acceptable.
- All applicants and certifiers must be at least 18 years old.
- Applicants must list at least **four** years of full time experience within the last 10 years—in the classification applied for. To request a waiver of the examination, an applicant must list at least **five** years of full time experience within the seven years immediately preceding the date of application—in the classification applied for. Self-employed experience (not needing/having a license) and owner-builder experience (working on your own property) will not be considered for a waiver. (*See B&P Code 7065.1(b) or 7065.1(c).*)
- The applicant’s work experience must have been completed at the level of a journeyman, foreman/supervisor, contractor, owner/builder, or self-employed individual, as defined below:
  - A “journeyman” is: an experienced worker who is fully qualified (as opposed to a trainee) and is able to perform the trade without supervision; or, a person who has completed an apprenticeship program. (*Board Rule 825*)
  - A “foreman/supervisor” is a person who has the knowledge and skill of a journey person and directly supervises construction projects.
  - A “contractor” is an individual who is currently a licensed California contractor; a former licensed California contractor; personnel of record on a California license; or an out-of-state licensed contractor. A contractor has the skills necessary to manage the daily activities of a construction business, including field supervision.
  - An owner/builder or self-employed individual must have the skills necessary to manage the daily activities of a construction business, including field supervision.
- All Certification of Work Experience forms must be submitted with the application. Additional experience cannot be submitted for exam credits after the application is accepted. (*Board Rule 829*)
- The mandatory Certification Statement must be completed by a qualified and responsible person—an employer; fellow employee; journeyman; union representative; contractor; business associate; or client if the applicant is/was self-employed.
- The person who completes the Certification Statement must have direct knowledge of the applicant’s experience. “Direct knowledge” means personal knowledge of the experience that does not depend on outside information or hearsay. The certifier must be able to certify that the applicant demonstrated a level of knowledge and skill expected of a journey person or better—in the classification applied for.
- The Certificate of Work Experience form, when filed with an application, becomes the property of the Contractors State License Board and is kept as a matter of record. Make a copy of the completed and signed form for your records—you may be asked to provide further documentation or testimony to verify your experience.
- Any licensee whose signature appears on a falsified Certification of Work Experience form, or otherwise certifies false or misleading experience claims submitted by an applicant to obtain a contractor’s license, will be subject to disciplinary action. (*B&P Code 7114.1*)**
- Anyone who knowingly obtains or offers false or forged documents to be filed, registered, or recorded in any public office in California is guilty of a felony. (*Penal Code 115*)**

**Section 9, Continued, for Additional Personnel**

9d. NAME	last	first	full middle name	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER LICENSE #
RESIDENCE ADDRESS number/street				city	state ZIP code	Residence phone number ( )
TITLE OR POSITION (check one):				<input type="checkbox"/> Corporate Officer <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Qualifying Partner <input type="checkbox"/> RME <input type="checkbox"/> RMO/Corporate Officer } _____ <span style="float:right">[indicate corporate title(s)]</span>		
9e. NAME	last	first	full middle name	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER LICENSE #
RESIDENCE ADDRESS number/street				city	state ZIP code	Residence phone number ( )
TITLE OR POSITION (check one):				<input type="checkbox"/> Corporate Officer <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Qualifying Partner <input type="checkbox"/> RME <input type="checkbox"/> RMO/Corporate Officer } _____ <span style="float:right">[indicate corporate title(s)]</span>		
9f. NAME	last	first	full middle name	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER LICENSE #
RESIDENCE ADDRESS number/street				city	state ZIP code	Residence phone number ( )
TITLE OR POSITION (check one):				<input type="checkbox"/> Corporate Officer <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Qualifying Partner <input type="checkbox"/> RME <input type="checkbox"/> RMO/Corporate Officer } _____ <span style="float:right">[indicate corporate title(s)]</span>		
9g. NAME	last	first	full middle name	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER LICENSE #
RESIDENCE ADDRESS number/street				city	state ZIP code	Residence phone number ( )
TITLE OR POSITION (check one):				<input type="checkbox"/> Corporate Officer <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Qualifying Partner <input type="checkbox"/> RME <input type="checkbox"/> RMO/Corporate Officer } _____ <span style="float:right">[indicate corporate title(s)]</span>		
9h. NAME	last	first	full middle name	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER LICENSE #
RESIDENCE ADDRESS number/street				city	state ZIP code	Residence phone number ( )
TITLE OR POSITION (check one):				<input type="checkbox"/> Corporate Officer <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Qualifying Partner <input type="checkbox"/> RME <input type="checkbox"/> RMO/Corporate Officer } _____ <span style="float:right">[indicate corporate title(s)]</span>		
9i. NAME	last	first	full middle name	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER LICENSE #
RESIDENCE ADDRESS number/street				city	state ZIP code	Residence phone number ( )
TITLE OR POSITION (check one):				<input type="checkbox"/> Corporate Officer <input type="checkbox"/> Owner <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Qualifying Partner <input type="checkbox"/> RME <input type="checkbox"/> RMO/Corporate Officer } _____ <span style="float:right">[indicate corporate title(s)]</span>		

On \_\_\_\_\_ at \_\_\_\_\_ ,  
DATE CITY/COUNTY/STATE

I/we certify under penalty of perjury under the laws of the State of California that all statements, answers and representations in this application, including all supplementary statements attached hereto, are true and accurate, and that I/we have reviewed the entire contents of this application.

Signature _____	Print name _____
Signature _____	Print name _____
Signature _____	Print name _____
Signature _____	Print name _____
Signature _____	Print name _____
Signature _____	Print name _____

## Application for Original Contractor's License—Instructions

**Use the following checklist to make sure your application form is complete and accurate before you submit it—incomplete applications will be returned. Make checks payable to the “Registrar of Contractors.”**

- Enclose the \$250 application fee—we can't process your application without it. (The \$150 Initial License Fee can be submitted after you pass the exam.)
- All areas of the application must be completed.
- You must provide a street address for both your business and residence.
- The full business name must be provided, and must comply with the classification applied for. (In other words, the business name must agree with the license classification.) If you have a corporation, the business name on the application must appear exactly as it is recorded with the California Secretary of State. (See below.)
- Before you can apply for a contractor's license for your corporation, you must first register it with the California Secretary of State and provide a current and active registration number to the CSLB. To reach the Secretary of State, call (916) 653-2318 or visit their Web site at [www.ss.ca.gov](http://www.ss.ca.gov). Domestic corporations must also provide the names of their corporate officers: president, secretary, and treasurer.
- All partnerships must list their Federal Employer Identification Number (FEIN), available from the U.S. Internal Revenue Service (IRS). Call (800) 829-1040.
- Complete the personnel information in Section 9 for each individual who will be listed on the license.
- If you checked “yes” for question 10, 11, or 12 on page 2 of the application, attach a detailed explanation for each situation.
- The Certification of Work Experience form must be completed by the applicant/qualifier and certified by a person who has direct knowledge of the experience listed. The experience must be verifiable through payroll records or similar documents.

### Definition of “Qualifying Individual” or “Qualifier”

In some cases, the individual applying for the license is not the owner of the business, but a “qualifying individual” with the required work experience. A qualifying individual, or qualifier, is the person who meets the experience and examination requirements for the license. A qualifier is required for every classification on every license issued by CSLB. The qualifier for a license is responsible for the employer's or principal's construction operations. (See *Contractors License Law & Reference Book, Ch. 1; or Blueprint for Becoming a Licensed Contractor, Questions 52-56.*)

### Taking Examinations Over Again

If you are required to take an exam, you can take it an unlimited number of times within 18 months of approval of your application; however, a \$50 fee is required each time you schedule a re-examination.

### About Examination Waivers

An exam is waived if the qualifier is currently (or has been in the past five years) licensed in the classification applied for; or has taken and passed the required exams within the past five years in the classification applied for. (See *Business and Professions Code Section 7065.*)

An exam may be waived under certain other circumstances; for example, if the applicant is an immediate family member who has actively participated in a family business. You must list and have evidence of your experience and involvement in the business you think qualifies you for the waiver. (See *Business and Professions Code Sections 7065.1–7065.3.*)

If you are applying for a waiver of the examination, CSLB recommends submitting the following additional items with your application:

- \$150 Initial License Fee.
- \$7,500 new, original Contractor's Bond (\$10,000 if C-53/ Swimming Pool classification). As of 1/1/04, Contractors' Bonds will all be \$10,000, regardless of classification.
- Workers' Compensation Certificate of Insurance (in the business name shown on this application), or if you have no employees, a completed Exemption from Workers' Compensation form.
- Completed “Asbestos Open Book Examination”
- If your new license will be qualified by a Responsible Managing Employee (RME), you must submit a \$7,500 Bond of Qualifying Individual.
- If your new license will be qualified by a Responsible Managing Officer (RMO) who owns less than 10% of the new business, he or she must submit a \$7,500 Bond of Qualifying Individual. If the RMO qualifier owns less than 20% of the new business, he or she may be required to disassociate from or inactivate all other licenses he or she qualifies.

### Limited Partners

A Limited Partner is responsible for a business only in proportion to the amount of his or her financial interest, and does not participate in its daily operation. If a member of the personnel is listed on an application as a Limited Partner, he or she cannot be granted a waiver of the exam or a license continuance.

### Reissue or Reassignment of the License

If the applicant/qualifier has previously been licensed, it may be possible to have the previous license number reissued or reassigned. (See *Form 13A-1H, Licensed Sole Owner Applying for Corporate License, and Business and Professions Code Section 7075.1*)

Application for Original Contractor’s License—Instructions, Continued

**Contractor Classifications**

General Engineering .....	A	Limited Specialty* .....	C-61
General Building Contractor .....	B	Lock and Security Equipment .....	C-28
Boiler, Hot Water Heating and Steam Fitting .....	C-4	Low Voltage Systems .....	C-7
Building Moving and Demolition .....	C-21	Masonry .....	C-29
Cabinet, Millwork and Finish Carpentry .....	C-6	Ornamental Metal .....	C-23
Ceramic & Mosaic Tile .....	C-54	Painting and Decorating .....	C-33
Concrete .....	C-8	Parking and Highway Improvement .....	C-32
Construction Zone Traffic Control .....	C-31	Pipeline .....	C-34
Drywall .....	C-9	Plumbing .....	C-36
Earthwork and Paving .....	C-12	Refrigeration .....	C-38
Electrical (General) .....	C-10	Roofing .....	C-39
Electrical Sign .....	C-45	Sanitation System .....	C-42
Elevator .....	C-11	Sheet Metal .....	C-43
Fencing .....	C-13	Solar .....	C-46
Fire Protection .....	C-16	Steel, Reinforcing .....	C-50
Flooring and Floor Covering .....	C-15	Steel, Structural .....	C-51
Framing and Rough Carpentry .....	C-5	Swimming Pool .....	C-53
General Manufactured Housing .....	C-47	Warm-Air Heating, Ventilating and Air Conditioning .....	C-20
Glazing .....	C-17	Water Conditioning .....	C-55
Insulation and Acoustical .....	C-2	Welding .....	C-60
Landscaping .....	C-27	Well-Drilling (Water) .....	C-57
Lathing and Plastering .....	C-35		

\* The Limited Specialty (C-61) classification is for contractors who specialize in work not listed above (for example, Suspended Ceilings/D-50), or perform work that is a specialized part of an existing classification (for example, Paper Hanging/D-29). Limited Specialties are listed in the CSLB publication, *Description of Classifications* (See below).

**Need Help?**

When the CSLB receives your application, they will send you an acknowledgment explaining how to check the status of your application online at [www.cslb.ca.gov](http://www.cslb.ca.gov), or by calling (800) 321-CSLB (2752). All correspondence should be sent to:

California Contractors State License Board  
 9821 Business Park Drive, Sacramento CA 95827-1703  
 Mailing Address: P.O. Box 26000, Sacramento CA 95826-0026

CSLB has a variety of publications available to help you to become a licensed contractor and maintain your license. You can order the following free publications from CSLB’s informative Web site, [www.cslb.ca.gov](http://www.cslb.ca.gov), write to the CSLB, or call the 24-hour automated phone number, (800) 321-CSLB (2752).

CSLB publications that can help you understand the licensing process include:

- Blueprint for Becoming a California Licensed Contractor*
- Description of Classifications*
- Building Your Career*
- A Guide to Contractor License Bonds*

Please check the Web site or call the toll-free number above to find out how to order the current edition of the *California Contractors License Law & Reference Book*.

**Voluntary Contribution to the Construction Management Education Account**

A grant program was established in 1991 to provide funds for qualified public post-secondary schools that teach construction management. Applicants may voluntarily contribute to the account when paying the Initial or Renewal License Fee. If you would like to contribute, submit a separate check or money order payable to: “CSLB/Construction Management Education Account.” (*B&P Code Section 7139, Article 8.5*)

**Notice on Collection of Personal Information**

CSLB collects the personal information requested on this form as authorized by B&P Code § 30 and CCR 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 the records maintained by the CSLB that contain your personal information, as permitted by the Information Practices Act. We make 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. For questions about the Department of Consumer Affairs’ privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 400 R Street, Sacramento, CA 95814, (866) 785-9663, or email [privacy@dca.ca.gov](mailto:privacy@dca.ca.gov).