

9821 BusinessPark Drive, Sacramento CA 95827
Mailing Address: P.O. Box 26000, Sacramento, CA 95826
e 800.321.CSLB (2752) | www.cslb.ca.gov | CheckTheLicenseFirst.com

Governor Gavin Newsom

8/1/2019

Services Inc

Application Fee Number: 2019 01

Dear Mr. [REDACTED]:

Your Application for Original Contractor License is unacceptable for the reasons checked below. Make all of the corrections requested in this letter. Initial all of the corrections. Do not complete a new application unless requested. Return a copy of this letter with your corrections and provide any other documents requested. Please return your corrections to the Contractors State License Board by 10/30/2019 or the application will be void and cannot be processed further. Please note that the application fee is non-refundable.

PAGE 1 -Section 1 - Business Name

- X** You cannot use the word(s) **Services** in your business name in Section 1 #1. The business name is incompatible with the classification(s) you are applying for. Because you have filed for a corporate license, you have two options:
- You can change the name to one that is appropriate by registering the change with the California Secretary of State. We will confirm the name change with Secretary of State.
 - Or, you can write "dba" and add a fictitious name after the business name shown in Section 1. You can only conduct business under the entire name or the fictitious name.

PAGE 2 - Section 4 - Additional Personnel

- X** A domestic corporation requires a President, Secretary and Treasurer.
- X** In Section 4, the same person on this application must hold the corporate title of President as is recorded with the Office of Secretary of State. See enclosed Statement of Information as a reference. Change [REDACTED] title to President, or if he /she is not listed in the personnel in Section 4, add his / her name. Correct the application or contact the Office of Secretary of State to have their records changed. Do not return this application until this correction has been made.
- X** In Section 4, the same person on this application must hold the corporate title of Secretary as is recorded with the Office of Secretary of State. See enclosed Statement of Information as a reference. Change [REDACTED] title to Secretary, or if he /she is not listed in the personnel in Section 4, add his / her name. Correct the application or contact the Office of Secretary of State to have their records changed. Do not return this application until this correction has been made.

Date: August 1, 2019

Application Fee Number: 2019 01 [REDACTED]

- X** In Section 4, the same person on this application must hold the corporate title of Treasurer as is recorded with the Office of Secretary of State. See enclosed Statement of Information as a reference. Change [REDACTED] title to Treasurer, or if he /she is not listed in the personnel in Section 4, add his/ her name. Correct the application or contact the Office of Secretary of State to have their records changed. Do not return this application until this correction has been made.
- X** Any new individual added to this application must provide the Section 4 personal information, mark the appropriate title or position box, (including corporate titles,) and provide a printed name and signature.

PAGE 3-Section 5 - Required Application Questions

- X** All new individual added to this application must provide the Section 5, required application questions.

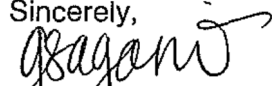
CERTIFICATION OF WORK EXPERIENCE

- X** The trade duties indicated are not specific enough; list the actual hands-on journey-level trade work performed or supervised. As a reference, see the attached description of the classification. Only show work performed at journey-level or higher. Any work performed as an apprentice, assistant, laborer, or helper is not journey-level and cannot be shown on the Certification of Work Experience form.
- X** To meet the 4 years journey-level work requirement in the classification applied for, use the enclosed Construction Project Experience form to submit at least 48 months of projects completed by the qualifier within the last 10 years. A separate form must be completed for each project, detailing trade work that falls specifically within the scope of the classification applied for. Make additional copies of the form as needed.
- X** Provide an official duty statement or job description from the employer shown outlining the scope of work performed during the time claimed on the Certification of Work Experience form. If an official duty statement is not available, a letter from the employer on company letterhead, signed and dated by authorized personnel of the company, will be considered.

As a reminder, the applicant and certifier must initial any changes/corrections made to the application and / or the Certification of Work Experience form. Corrections must be made in ink.

You may return the corrections, with a copy of this letter, to the Contractors State License Board by fax, or mail to the address shown at the top of this letter.

Sincerely,



Gloria Sagario

Contractors State License Board

Direct Phone: (916) 255-4151

Unit Fax: (916) 255-4150