

UNLICENSED ACTIVITY LEAD FORM

Check here if you wish to provide a confidential lead

Note: If you supply your name and phone number, you will be informed about the investigation, may be required to testify, and your name will be disclosable under discovery or subpoena.

Your Name: _____ Your Phone Number: _____ Date: _____

Please describe the unlicensed activity below with as much information as possible. _____

(Use reverse side of form if necessary.)

Please provide additional information if possible regarding the unlicensed individual.

Name: _____ Residence Phone #: _____

Business Name: _____ Business Phone #: _____

Address: _____

Please list current job sites and percentage of the job completed.

Site: _____ Percent Completed: _____

Site: _____ Percent Completed: _____

How many people appeared to be on the job site: _____ Vehicle/Lic. Plate#: _____

Physical description of suspect: _____

Please attach any advertising from newspapers, phone books, business cards and/or contracts to assist us with the investigation.

Print and forward this form to:

Statewide Investigation Fraud Team
CSLB Northern Region Office
9821 Business Park Drive
Sacramento, CA 95827
(916) 255-2924
Fax # (916) 369-7265

Statewide Investigation Fraud Team
CSLB Southern Region Office
12501 East Imperial Highway Suite 600
Norwalk, CA 90650
(562) 345-7600
Fax # (562) 366-6074

Please forward this form to the appropriate address (whichever is closest to the violation)