



9821 Business Park Drive, Sacramento, California 95827

Mailing Address: P.O. Box 26000, Sacramento, CA 95826

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Thank you for using the Workers Compensation on-line submission process. If you would like to leave feedback about this process, please go to http://web.cslb.ca.gov/About_Us/Website_Feedback.aspx to help us improve.

1) If you chose to submit the Workers Compensation information at this time:

The policy information you provided has been directly entered into the CSLB License or Application record. Please do not send another copy of the same document by email, fax or mail, as this WILL cause delays. A For Your Records copy of the completed form is attached to this transmission.

2) If you did not submit the Workers Compensation information at this time and decide to mail the document manually, the PDF is attached below. Please note that an authorized representatives signature is required, or the form will be returned. Please mail the document to:

Contractors State License Board
Workers' Compensation Unit
P.O. Box 26000
Sacramento, CA 95826

