

Contractors State License Board  
Statewide Investigation Fraud Team

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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.*

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