



CONTRACTORS STATE LICENSE BOARD

9821 Business Park Drive, Sacramento, California 95827
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 800-321-CSLB (2752) or (916) 255-3900
 www.cslb.ca.gov

STATE OF CALIFORNIA
 Gray Davis, Governor

DISASSOCIATION NOTICE

Use this form to disassociate a Partner, Officer, Qualifying Partner, Responsible Managing Officer (RMO) or Responsible Managing Employee (RME). Pursuant to Sections 7068.2, 7076 and 7083 of the Business and Professions Code, the disassociation must be received at the Board's Headquarter's office within 90 days of the effective date of the disassociation. If the notice is received after 90 days, the date of receipt will be used as the disassociation date and if applicable, the license will be automatically suspended, classification removed, or canceled effective that date.

DISASSOCIATION OF A PARTNER/QUALIFYING PARTNER

Pursuant to Section 7076 of the Business and Professions Code, when a partner disassociates from a license, **IT RESULTS IN THE CANCELLATION OF THE PARTNERSHIP LICENSE.** However, the remaining partner(s) may request a continuance to complete projects in progress. A request for continuance must be received within 90 days of the cancellation date of the license.

DISASSOCIATION OF A RESPONSIBLE MANAGING OFFICER (RMO) OR RESPONSIBLE MANAGING EMPLOYEE (RME)

Pursuant to Section 7068.2 of the Business and Professions Code, when an RMO or RME disassociates, the licensee or the qualifier shall notify the registrar in writing, and the licensee shall replace the qualifier within 90 days of the disassociation date. **Upon failure to replace the qualifier within 90 days of the disassociation, the license shall be automatically suspended or the classification removed at the end of the 90 day period.** If you are unable to replace the RMO or RME within the 90 day period, you can request a 90 day extension. An extension request must be received within 90 days of the Board's notice that the license will be suspended or classification removed.

TYPE OR PRINT IN INK LEGIBLY

FULL NAME OF BUSINESS DISASSOCIATING FROM		LICENSE NUMBER	
BUSINESS MAILING ADDRESS	CITY	STATE	ZIP CODE
NAME OF PERSON DISASSOCIATING	DAYTIME TELEPHONE NUMBER	DATE OF DISASSOCIATION	
MAILING ADDRESS OF PERSON DISASSOCIATING	CITY	STATE	ZIP CODE

On _____ at _____, I certify under penalty of perjury under
 date city county state

the laws of the State of California that all statements, answers and representations in this application are true and accurate, and that I have reviewed the entire contents of this application.

Signature of Owner, Partner, Qualifying Partner, Officer, RMO or RME _____

Print Name _____

ATTENTION QUALIFIERS: If you were required to inactivate your individual license while qualifying the above license and now wish to reactivate your individual license, provide the license number her _____ and a reactivation will be mailed to you.

FOR OFFICE USE ONLY

DATE REACT ORDERED: _____

RECEIVED TIMELY	DISASSOCIATION DATE	IFS DATE	EXPIRATION DATE
TITLE	CLASS(ES)	PROCESSED DATE	TECH INITIALS