

Completion of this form is optional

**Division of Labor Standards Enforcement
Licensing and Registration Unit**

**DECLARATION AND AUTHORIZATION
TO RELEASE INFORMATION**

NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP CODE _____
TELEPHONE NO. _____
LICENSE/REGISTRATION OR FILE NO. _____

I, _____ hereby authorize the Division of Labor Standards
(name of applicant)
Enforcement (DLSE) Licensing & Registration Unit to release information regarding my application to:

Name: _____
Address: _____
Telephone Number _____
Relationship to me: _____

This authorization pertains to:

- Obtain verbal information on my behalf from the DLSE Licensing & Registration Unit concerning the status of my application.
- Obtain a copy of my defect letters.
- Obtain the following: _____

I understand that my authorization will remain in effect until further notice and that the information will be handled confidentially in compliance with all applicable laws. I understand that I may revoke the authorization at any time by written and dated communication. I have read and understand the nature of this release.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Signature of Applicant)

Executed the _____ day of _____, 20____ at _____, California.
(day) (month) (year) (city)