

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA ARCHITECTS BOARD 2420 Del Paso Road, Suite 105, Sacramento, CA 95834

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QUARTERLY REPORT OF COMPLIANCE

1.	NAME:	TELEPHON	NE #: ()
	(Last/First/Middle)		(Residence)
	RESIDENCE ADDRESS:		
	CITY:	STATE:	ZIP CODE:
2.	NAME OF FIRM:	YOUR TI	TLE:
	FIRM ADDRESS:		
	CITY:	STATE:	ZIP CODE:
	TELEPHONE #: ()		
3.	On the back of this form detail your architectur beginning and Mo. Day Year	• •	
4.	Describe any other activities related to the pract	tice of architecture:	
	ACTIVITY		DATE
4.	I declare under penalty of perjury under the law regarding my professional practice is true and c		a contained in this quarterly report
	Signature:		
	Date:		

DATE:	QUARTER: YEA	AR:	
CLIENT NAME:		TELEPHONE #: ()	
(Last/Fin	rst/Middle)		
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PROJECT TITLE/ADDRESS	PROJECT DESCRIPTION	DATE START-COMPLETE	YOUR INVOLVEMENT
CLIENT NAME:		TELEPHONE #: ()	
	rst/Middle)		
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PROJECT TITLE/ADDRESS	PROJECT DESCRIPTION	DATE START-COMPLETE	YOUR INVOLVEMENT
CLIENT NAME:		TELEBRIONE #. ()	
(Last/Fi	rst/Middle)	TELEPHONE #: ()	
ADDDEGG			
CITY:	STATE:	ZIP CODE:	
PROJECT TITLE/ADDRESS	PROJECT DESCRIPTION	DATE START-COMPLETE	YOUR INVOLVEMENT