

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 P (916) 574-7220 | F (916) 575-7283 | www.cab.ca.gov



QUARTERLY REPORT OF COMPLIANCE

1.	NAME:	TELEPHONE #: _()					
	(Last/First/Middle) RESIDENCE ADDRESS:			(Residence)			
				CODE:			
2.	NAME OF FIRM:	YOUR TITLE:					
	FIRM ADDRESS:						
	CITY:	STATE:	ZIP	CODE:			
	TELEPHONE #: ()						
3.	On the back of this form detail your architectural activities for beginning and ending Mo. Day Year Mo.	the probation peri					
4.	Describe any other activities related to the practice of architect	ure:					
	ACTIVITY			DATE			
4.	I declare under penalty of perjury under the laws of the State of California that the information contained in this quarterly report regarding my professional practice is true and correct.						
	Signature:						

Date:

DATE:		QUARTER:	YEAR:					
CLIENT NAME:	(Last/First/Middle) TELEPHONE #: ()							
CITY:			STATE:		ZIP CODE:			
PROJECT TITL	E/ADDRESS	PROJECT DESCRIPTION		DATE COMPLETE	YOUR INVOLVEMENT			
CLIENT NAME:	(Last/F	(Last/First/Middle) TELEPHONE #: ()						
CITY:		STATE:		ZIP CODE:				
PROJECT TITL	E/ADDRESS	PROJECT DESCRIPTION		DATE COMPLETE	YOUR INVOLVEMENT			
CLIENT NAME:	(Last/First/Middle)							
ADDRESS: - CITY:		STATE:		ZIP CODE:				
PROJECT TITLE/ADDRESS		PROJECT DESCRIPTION		DATE COMPLETE	YOUR INVOLVEMENT			