



Plumbing-Heating-Cooling Contractors

Association of California

www.caphcc.org

916-925-7390 Ofc

916-925-7623 Fax

**FIGHT BACK AGAINST THE UNDERGROUND ECONOMY
REPORT
UNLICENSED CONTRACTING ACTIVITY**

Are you a licensed plumbing-heating-cooling contractor who has lost work to:

- ◆ Unlicensed Operators?
- ◆ Contractors who operate outside of their license classification?
- ◆ Competitors who do not pay workers' compensation insurance, disability insurance, unemployment insurance, or federal and state employment taxes?

IF YOU ARE A VICTIM OF THESE ILLEGAL ACTIVITIES, THE [PHCC OF CALIFORNIA](http://www.caphcc.org) SUPPORTS YOU IN YOUR FIGHT AGAINST THE UNDERGROUND ECONOMY:

[PHCC of California](http://www.caphcc.org) has partnered with two state-government entities that are responsible for enforcing some or all of the laws that pertain to these activities: the Contractors State License Board (CSLB) and the Joint Enforcement Strike Force. The former oversees the Statewide Investigation Fraud Team (SWIFT), which investigates complaints against unlicensed contracting and related activities. The latter is a multi-agency organization that seeks to root out the underground economy and devotes a large portion of its enforcement efforts to the construction industry.

If you REALLY want to put your illegal competition out of business, you must help us help you!! You must report illegal activities to the proper state agency. [PHCC OF California](http://www.caphcc.org) will assist you in this process and more.

See the following page to find out how YOU can assist the [PHCC of California](http://www.caphcc.org)
FIGHT BACK AGAINST THE UNDERGROUND ECONOMY!!





STANDARD OPERATING PROCEDURE FOR REPORTING UNLICENSED CONTRACTING ACTIVITY

Gather Information

It's important to gather as much information as possible when faced with competition you believe to be illegal. Here is a list of important information needed:

- ◆ Operator's name, address, phone number, vehicle make, and vehicle license number.
- ◆ Address of work in progress.
- ◆ Project owner's name, address, and phone number.
- ◆ Illegal Operator's advertisements, fliers, and business cards.
- ◆ Is the Illegal Operator using a contractor's license number? If so, make a note of the number.
- ◆ Pictures—they're worth a thousand words.
- ◆ Check with the CSLB to find out if the person or firm is licensed -- and licensed in the proper category. To check a license, visit the CSLB's website and go to [License Status Check](https://www2.cslb.ca.gov/OnlineServices/CheckLicenseII/CheckLicense.aspx) at <https://www2.cslb.ca.gov/OnlineServices/CheckLicenseII/CheckLicense.aspx>. You'll find a wealth of information there on all of California's licensed contractors.

Unlicensed Operators

- ◆ Fill out an [Unlicensed Activity Lead Form](http://www.cslb.ca.gov/Resources/FormsAndApplications/SWIFTLeadReferralForm.pdf) at <http://www.cslb.ca.gov/Resources/FormsAndApplications/SWIFTLeadReferralForm.pdf>
- ◆ and send it to the nearest CSLB SWIFT unit. The addresses and fax numbers of the two California units are on the form.
- ◆ Also fill out a [Lead Report](http://www.edd.ca.gov/pdf_pub_ctr/de660.pdf) at http://www.edd.ca.gov/pdf_pub_ctr/de660.pdf and send it to Underground Economy Operations (the Joint Enforcement Strike Force) at the address on the form.
- ◆ Fax a copy of both to [PHCC of California](http://www.phcc.org) at 916-925-7623.

Although SWIFT and the Joint Enforcement Strike Force cooperate very closely with one another on unlicensed operations, [PHCC of California](http://www.phcc.org) recommends that you inform both organizations to improve the chances of quick action. "CC" the name of the other organization and [PHCC of California](http://www.phcc.org) on both reports; that way both organizations will know that the other received the information as well.

Confidentiality

If you wish to remain anonymous, do not put your name on the lead referral form you send to the Joint Enforcement Strike Force. The accused has the right to see this report during the administrative proceeding and/or litigation process. The Joint Enforcement Strike Force has assured [PHCC of California](http://www.phcc.org) that anonymous leads are treated no differently from other leads. SWIFT, on the other hand, prefers that you give your name when making a report. They would like to be able to call you back and get more information if, for example, the unlicensed operator is not at the project the day they investigate. If you give them your name and request confidentiality, the odds are low that the unlicensed operator would ever learn that you were the one who reported him or her. The unlicensed operator could conceivably find out, however, in the unlikely event the file is subpoenaed.

Following Up on Your Complaint

SWIFT is willing to notify you about the status and results of an investigation. In fact, it's a good idea to follow up with them on reports or complaints you make. The Joint Enforcement Strike Force, on the other hand, will not and cannot share the results of its investigations.

Owner-Builder Information and Verification

State housing law requires every city and county to give property owners who apply for a building permit certain information about their liabilities as an owner-builder as well as a verification form to fill out ([Health and Safety Code Section 19830-19832](http://www.phcc.org)).

State law also requires these documents to be given by mail or to the applicant at the time the application is made, provided that the applicant presents identification sufficient to identify himself or herself as the owner. However, all too often the documents are given instead to the unlicensed operator who is applying for the permit. [PHCC of California](http://www.phcc.org) believes that if these documents actually reached more property owners, there wouldn't be as much unlicensed activity as there is today.

If you have reason to believe that your city or county is not mailing these documents or requiring identification as required by law, [PHCC of California](http://www.phcc.org) suggests that you contact your representative on the city council or board of supervisors, show him or her the relevant statutes from the Health and Safety Code, and ask that action be taken to bring the jurisdiction's policies into compliance with the law.



Date: _____

LEAD REFERRAL
Statewide Investigative Fraud Team (SWIFT)
www.cslb.ca.gov

Northern Region
9821 Business Park Drive
Sacramento, CA 95827
(916) 255 2924 Fax (916) 369 7265

Central Region
3374 East Shields Ave., E-22
Fresno, CA 93726
(559) 445 5583 Fax (559) 444 2506

Southern Region
12501 East Imperial Hwy., Ste 610
Norwalk, CA 90650
(562) 345 7600 Fax (562) 466 6065

SUSPECT INFORMATION

License No. Used _____

Licensed

Unlicensed

Name:	(First):	(Last):
Business Name:		
Address:	City	Zip
Phone: ()	Cell: ()	Email:

SUSPECT DESCRIPTION

Sex	Race	Age	Height	Weight	Hair	Other Information
Drivers License		Date of Birth		SSN		
Vehicle License		Make	Model	Color	Year	

PROJECT INFORMATION

Residential: Commercial:
Prime Contractor Sub Contractor

Address:	City	Zip
Cross Streets		
Project Owner	Owner Phone:	()
Type of work suspect is performing:		
How long has suspect been on job site?		
How much longer will suspect be on job site?		
Number of employees (workers) on site:		
If suspect licensed, what is alleged violation?		

REPORTING PARTY INFORMATION

Name:	City	Zip
Address:		
Phone: ()	Cell: ()	Email:

Remain Confidential: Yes No

Origin: Public Industry Government Other:

FOR CSLB USE ONLY

Case Number:					Date Assigned:			
Received Via:	Fax <input type="checkbox"/>	Phone <input type="checkbox"/>	E Mail <input type="checkbox"/>	US Mail <input type="checkbox"/>	Hand Delivered <input type="checkbox"/>			
Referred to:	EDD <input type="checkbox"/>	DIR <input type="checkbox"/>	DOI <input type="checkbox"/>	Other <input type="checkbox"/>				



UNDERGROUND ECONOMY OPERATIONS LEAD REFERRAL/COMPLAINT FORM

Please include as much information as possible on this form to help us investigate and correct the alleged noncompliance. You may remain anonymous. Mail your completed complaint form to: UEO, 3321 Power Inn Road, Suite 140, Sacramento, CA 95826.

CONTACT INFORMATION	
Name	
Address	
City/State/ZIP	
Phone	
GENERAL BUSINESS INFORMATION	
Business Name	
Owner's Name	
Address	
City/State/ZIP	
Phone	
Type of Service Provided	Years in Business:
DETAILED BUSINESS INFORMATION	
Issue of noncompliance and/or complaint	
Where is business operating?	
Who hired the workers?	
Who directed services performed for the business?	
Period of time worked	
Names of witnesses, addresses, & phone numbers	
Other Important Information	
BOOKKEEPING INFORMATION	
Preparer and Issuer of Payroll	
Are payroll tax deductions withheld from wages?	
Do you have a copy of an earning statement from this business?	
Do you have copies of records/checks from this business?	
EMPLOYEE INFORMATION	
Number of Employees	Hours per Week: Years With Employer:
Name(s)	
Paid By	<input type="checkbox"/> Cash <input type="checkbox"/> Check Pay Rate:
When Paid	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly
Job Description	

INSTRUCTIONS FOR UNDERGROUND ECONOMY OPERATIONS LEAD REFERRAL/COMPLAINT FORM

Please include as much information as possible on this form to help us investigate and correct the alleged noncompliance. You may remain anonymous.

Contact Information

You may remain anonymous. However, if we have any follow-up questions to support an investigation, we may need to contact you about this allegation. Therefore, we request that you provide your name and how to reach you.

General Business Information

Business Name: Give the name by which the business is known to the public. Enter "None" if no business name is used.

Owner's Name: Enter the full name of owner or owners. If the business is a partnership, corporation, limited liability corporation, or limited liability partnership, please provide the organization name, as well as the individual name or names associated with the ownership.

Address and City/State/ZIP: Enter the physical address, including city, state, and ZIP code. If there is more than one address, list on a separate sheet and attach to this form.

Phone: Provide business telephone number.

Type of Service Provided: What type of services have you provided for this business?

Years in Business: How long has the business been in operation?

Detailed Business Information

Issue of Noncompliance and/or Complaint: For example, the workers are incorrectly classified as independent contractors when they should be treated as employees or receiving payments without a written deduction statement.

Where is business operating? What is the physical location where the services are being performed.

Who hired the workers? Please provide the specific name of the individual(s) who hired you.

Who directed services performed for the business? Please provide the specific name of the individual(s) who supervised you.

Names of Witnesses, Addresses, & Phone Numbers: Please provide the name of other workers and how to reach them.

Period of Time Worked: Dates you worked.

Other Important Information: Anything else you think we should know?

Bookkeeping Information

Preparer and Issuer of Payroll: Is the payroll prepared by an internal bookkeeper or outside bookkeeper? What is the name of the preparer/issuer of the payroll?

Are payroll tax deductions withheld from wages? Were state and/or federal payroll tax deductions withheld from wages?

Do you have a copy of an earning statement from this business? Did you receive a pay stub or an itemized statement showing: (1) gross wages earned, (2) total hours worked, if paid on an hourly wage, (3) all deductions, (4) net wages earned, (5) date of the period for which you were paid, (6) your name and social security number, and (7) employer's name.

Do you have copies of records/checks from this business?

Number Employees: How many people work for the employer?

Hours per Week: How many hours do you typically work in a normal week?

Years With Employer: How long have you worked for this employer?

Paid By: Select the method by which you are paid.

Pay Rate: What is your rate of pay? Hourly rate or salary?

When Paid: Select the method that describes the frequency of your payments.

Job Description: Describe what type of services you provide and what the employer's business does.