



**Community and Economic Development Department**  
**Environmental Health Division**  
Dexter Marr  
DEPUTY DIRECTOR

200 West 4<sup>th</sup> Street  
Suite 3100  
Madera, CA 93637  
Main line: (559) 675-7823  
Fax: (559) 675-7919  
envhealth@madera-county.com

---

**CONTRACTOR'S PERMIT APPLICATION – SUPPLEMENTAL DOCUMENT**

Property Location or Job Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referenced Permit Number: \_\_\_\_\_

**WORKER'S COMPENSATION DECLARATION**

*\*WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.*

**I hereby affirm under penalty of perjury one of the following declarations:**

I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy number: \_\_\_\_\_

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

**LICENSED CONTRACTOR'S DECLARATION**

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Company Name: \_\_\_\_\_

License Class(es): \_\_\_\_\_ License Number: \_\_\_\_\_ Madera County Business License #: \_\_\_\_\_

---

Signature of Contractor OR Authorized Agent

Print Name

Date