



**Community and Economic Development Department
Environmental Health Division**

Dexter Marr
DEPUTY DIRECTOR

200 West 4th 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