



**SAN JOAQUIN COUNTY  
COMMUNITY DEVELOPMENT DEPARTMENT**

1810 E. Hazelton Ave., Stockton, CA 95205-6232  
PHONE: 209/468-3120 Fax: 209/468-3163

**CERTIFICATE OF CONTRACTOR REGISTRATION**

|   |   |   |   |              |                 |
|---|---|---|---|--------------|-----------------|
| _____<br>Name of Licensee<br>(As Registered with the State) |   |   | _____<br>Also Doing Business As (DBA)<br>(As Registered with the State) |              |                 |
| _____<br>Mailing Address                                    |   |   | _____<br>Telephone Number   |              |                 |
| _____<br>City   | / | / | _____<br>State  | _____<br>Zip | _____<br>E-mail |
| State License No: _____                                     |   |   | Expiration Date: _____  |              |                 |
| Contractor Class: Primary _____                             |   |   | Supplemental: _____   |              |                 |

**WORKERS' COMPENSATION DECLARATION**

**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, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- 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 \_\_\_\_\_
- 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.

|                                     |               |
|-------------------------------------|---------------|
| _____<br>License Holder's Signature | _____<br>Date |
| _____<br>Name (Typed or Printed)    |               |

**PERSONS AUTHORIZED TO SIGN PERMIT APPLICATIONS**

|                    |                               |
|--------------------|-------------------------------|
| _____<br>Signature | _____<br>Print Name and Title |
| _____<br>Signature | _____<br>Print Name and Title |
| _____<br>Signature | _____<br>Print Name and Title |
| _____<br>Signature | _____<br>Print Name and Title |