



**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

Name of Licensee (As Registered with the State)			Also Doing Business As (DBA) (As Registered with the State)		
Mailing Address			Telephone Number		
City	/	State	/	Zip	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.

License Holder's Signature	Date
_____	_____
Name (Typed or Printed)	

PERSONS AUTHORIZED TO SIGN PERMIT APPLICATIONS

Signature	Print Name and Title
_____	_____
Signature	Print Name and Title
_____	_____
Signature	Print Name and Title
_____	_____
Signature	Print Name and Title
_____	_____