Public Health Department

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JOB ADDRESS/LOCATION:_____ **WELL/BORING ID(S):**_____

LICENSED CONTRACTORS DECLARATION (LCD)

I hereby affirm that I am licensed under the 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.

License #: _____Expiration Date:_____

Date: _____ Contractor: _____

Signature: _____ **Title:** _____

Printed name _____

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: **(CHECK ONE)**

____I have and will maintain a certificate of consent to **self-insure** for worker's 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 worker 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 numbers 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 worker's 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.

Expiration Date:_____**Signature:**_____**Printed Name:**_____

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, INTEREST, ATTORNEY'S FEES, AND DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE.

AUTHORIZATION FOR *OTHER* THAN C-57 SIGNING PERMIT APPLICATION

I, _____ (signature of C-57 licensed authorized representative), hereby authorize (print name) _____, to sign this Butte County Well Permit Application on my behalf. I understand this authorization is valid for one (1) year and is limited to the work plan dated on the front page of this application.