

OFFICE OF THE CITY ADMINISTRATOR

OFFICE OF LABOR STANDARDS ENFORCEMENT

PATRICK MULLIGAN, DIRECTOR



Covered Contractor Acknowledgement Form Residential Construction Wage Theft Prevention Ordinance

Instructions: This form must be submitted by each Covered Contractor by the date they start work on the project, or, if the Covered Contractor's work is initially not expected to exceed \$100,000 or half of 1% of the value of the project, within 30 days of the date on which the contractor becomes a Covered Contractor.

GENERAL PROJECT INFORMATION	
Project Address:	
Department of Building Inspection Permit Number:	
Date Department of Building Inspection Issued Permit:	

CONTRACTOR INFORMATION	
Company Name:	
Contact Name & Title:	
Address:	
Phone:	
Email:	
California State Contractor License Registration Number:	
Were electrical workers used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many?</i> _____
Did you attach certifications for each worker, including apprentices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were sprinkler fitters used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many?</i> _____
Did you attach certifications for each worker, including apprentices?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The undersigned Covered Contractor accepts responsibility to comply with all applicable State and local labor protections including but not limited to employee notice and payroll recordkeeping requirements under California Labor Code Sections 226 and 2810.5 and San Francisco Labor and Employment Code Articles (L.E.C. Art.) 1.5(c), 11.6, and 21.3(f), and to provide the Agency with access to such records under San Francisco L.E.C. Art. 1, 11, 21 and other applicable laws if requested. This acknowledgement is submitted as required under San Francisco L.E.C. Art. 81.4. **Failure to comply with all applicable state and local labor laws could result in forfeiture of the Bond posted on this project.**

Contractor Name

Signature

Date

Submit a scan of the signed version of this form via email to OLSE.LaborBond@sfgov.org