OFFICE OF THE CITY ADMINISTRATOR OFFICE OF LABOR STANDARDS ENFORCEMENT PATRICK MULLIGAN, DIRECTOR



## **Project Owner Certification Form Residential Construction Wage Theft Prevention Ordinance**

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GENERAL	PROJECT INFORMATION	
Project Address or Project Name:		
Department of Building Inspection Permit		
Number:		
Date Department of Building Inspection Issued		
Permit:		
Total \$ Value of Permit:		
Final Certificate of Completion or Occupancy		
Number and date:		
OWI	NER INFORMATION	
Company Name:		
Contact Name & Title:		
Address:		
Phone:		
Email:		
California State Contractor License		
Registration Number, if applicable:		
List the name of any Covered Contractor who		
has not submitted an Acknowledgment,		
Certification, and certifications for any and all		
sprinkler fitters or electrical workers.		
If so, which Covered Contractors have		
submitted forms to OLSE?		
is certification is submitted as part of the requiremented prior to requesting release of the Bond rm or certifications upon starting work, please sees here:	. For any Covered Contractor that	t did not submit the Acknowledgn
e undersigned Owner certifies that they complite limited to employee notice and payroll record 10.5 and San Francisco Labor and Employment ency with access to such records under San Fraknowledgement is submitted as required under port, failure to submit them within 14 days count in the mithin 14 days count in	lkeeping requirements under Cali Code Articles (L.E.C. Art.) 1.5(c), 1 ncisco L.E.C. Art. 1, 11, 21 and oth San Francisco L.E.C. Art. 81.4. <b>If</b>	fornia Labor Code Sections 226 ar .1.6, and 21.3(f), and to provide the ner applicable laws if requested. T OLSE requests any missing Owne

Submit a signed scan of this form via email to <a href="mailto:OLSE.LaborBond@sfgov.org">OLSE.LaborBond@sfgov.org</a>.