

PUBLIC WORKS CONTRACTOR REGISTRATION CERTIFICATION

I, _____, am the _____ of
(Print Name) (Title)

(Contractor Name)

I declare, state and certify to all of the following:

1. I am aware of the provisions and requirements of California Senate Bill (SB) 854, the Public Works Contractor Registration Program.
2. I am authorized to certify, and do certify, on behalf of Contractor that an annual registration fee has been paid and I am registered as eligible to bid and work on public works projects by doing all of the following:
 - A. Must have workers' compensation coverage for any employees and only use subcontractors who are glistered public works contractors;
 - B. Must have Contractors State License Board license, if applicable to trade;
 - C. Must have no delinquent unpaid wage or penalty assessments owed to any employee or enforcement agency;
 - D. Must not be under federal or state debarment;
 - E. Must not be in prior violation of this registration requirement once it becomes effective on April 1, 2015.
3. Contractor and I understand that if the District determines that Contractor has either: (a) made a false certification herein, or (b) violated this certification by failing to carry out and to implement the requirements of the Department of Industrial Relations (DIR), the Contract awarded herein is subject to termination, suspension of payments, or both. Contractor and I further understand that, should Contractor violate the terms of the Public Works Contractor Registration Certification Law of California Senate Bill 854, Contractor may be subject to debarment in accordance with the provisions of California Labor Code §§1720, et seq.
4. Contractor and I acknowledge that Contractor and I are aware of the provisions of California Senate Bill 854 and hereby certify that Contractor and I will adhere to, fulfill, satisfy and discharge all provisions of and obligations under the Public Works Contractor Registration Program.

I declare under penalty of perjury under the laws of the State of California that all of the foregoing is true and correct.

Executed at _____ this _____ day of
(City and State)

_____, 20__

(Signature)

(Handwritten or Typed Name)

Department of Industrial Relations Registration #