

COUNTY OF SANTA CLARA
LAND DEVELOPMENT ENGINEERING OFFICE

(Owner's Form)

WORKERS' COMPENSATION CERTIFICATE

I, the undersigned, certify that I am familiar with California Labor Code Section 3800 covering the certificate of insurance or a consent to self-insure for workers' compensation insurance as a condition to the issuance of a permit by the County.

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 conflict with the workers' compensation laws of California.

Dated:_____

Name:_____

Signature:_____

Address:_____

Land Development File No.:_____