

5630



City of El Cajon
Building and Fire Safety Division
200 Civic Center Way
El Cajon, CA 92020
Phone: 441-1726

INDIVIDUAL CONTRACTOR

Permit # _____ Permit Address _____

I _____ am an individual contractor and I certify that I am exempt from the requirements of Workers' Compensation Law of the State of California.

CONTRACTOR NAME

STATE LICENSE #

CONTRACTOR ADDRESS

Do not sign this unless you will be doing all of the work under this permit personally, or you are using licensed subcontractors.

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 Workers' Compensation Laws of the State of California.

I have read and understand the above agreement.

Signature of INDIVIDUAL LICENSED CONTRACTOR

DATE