



City of Petaluma Fire Department

Fire Prevention Bureau (707) 778-4389 / Fax (707) 206-6036

22 Bassett Street – Petaluma, California 94952

WORKER'S COMPENSATION DECLARATION

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

CARRIER: _____

POLICY NUMBER: _____

EXPIRES: _____

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 California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

SIGNATURE: _____

DATE: _____