**Covered Contractor Residential Construction Wage Theft Prevention Ordinance Acknowledgement Form**

**Instructions*:***This form must be submitted by each Covered Contractor by the date they start work on the project, or, if the Covered Contractor’s work is initially not expected to exceed $100,000 or half of 1% of the value of the project, within 30 days of the date on which the contractor becomes a Covered Contractor.

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| **GENERAL PROJECT INFORMATION** | |
| Project Address: |  |
| Department of Building Inspection Permit Number: |  |
| Date Department of Building Inspection Issued Permit: |  |

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| **CONTRACTOR INFORMATION** | |
| Company Name: |  |
| Contact Name & Title: |  |
| Address: |  |
| Phone: |  |
| Email: |  |
| California State Contractor License Registration Number: |  |
| Were electrical workers used?  *If yes, how many?*  Did you attach certifications for each worker, including apprentices? | Yes No  Yes No |
| Were sprinkler fitters used?  *If yes, how many?*  Did you attach certifications for each worker, including apprentices? | Yes No    Yes No |

The undersigned Covered Contractor accepts responsibility to comply with all applicable State and local labor protections including but not limited to employee notice and payroll recordkeeping requirements under California Labor Code Sections 226 and 2810.5 and San Francisco Administrative Code Sections 12R.5(c), 12W.6, and 14.3(f), and to provide the Agency with access to such records under San Francisco Administrative Code Chapter 12R, 12W, 14 and other applicable laws if requested. This acknowledgement is submitted as required under San Francisco Police Code 3300O.4. **Failure to comply with all applicable state and local labor laws could result in forfeiture of the Bond posted on this project.**

Contractor Name Signature Date

***Submit a scan of the signed version of this form via email to*** [***OLSE.LaborBond@sfgov.org***](mailto:OLSE.LaborBond@sfgov.org)