

LABOR CODE 2810 COMPLIANCE FORM

This Form is for the job site located at:

Project Number and start Date _____

Total Billing HRS per month _____

Total HRS of Pay Roll per month _____

Must be the same as the above billing HRS

- The security contractor's employer identification number;

- The security contractors worker's compensation insurance policy number and the name, address and telephone number of the contractor's worker's compensation insurance carrier;

- The vehicle identification number and liability insurance policy number and carrier for any vehicle owned by the contractor and used for transportation in connection with the contract;

- The address of any real property used to house workers;

- The total number of workers to be employed under the contract;

- The date or dates when wages are to be paid;

- The total amount of all wages to be paid;

- The total number of persons who will be used as independent contractors;

- The license number of the security contractor; and the amount of "commission or other payment" made to the contractor for services under the contract;

Signed under penalty of Perjury,

Print Name, _____

Signature