



CITY OF RIVERSIDE

PUBLIC WORKS DEPARTMENT

(951) 826-5341 • FAX (951) 826-5542

www.riversideca.gov

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Labor Code 3800).

Policy No. _____ Company _____

Certified copy is hereby furnished

-- or --

Certified copy on file with Riverside Public Works Department

Date: _____ Applicant: _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

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.

Date: _____ Applicant: _____

Company _____

NOTICE TO APPLICANT: If after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provision or this permit shall be deemed revoked.