

South Coast Air Quality Management District
Labor Laws Compliance
Form

Section 1: Contractor Information

Name / Company:		Contact Name:
Business / Home Phone:	Cell Phone:	Email Address:
Current Home / Company Address:		

Section 2: Labor Laws Certification

Has the Applicant been found by a court or federal or state agency to have violated labor laws in the past three (3) years? ☐ YES ☐ NO

If Yes, please provide the case name(s), case number(s), nature of the violation(s), and disposition(s). Please attach all relevant pleadings, documentation, and details related to those violations.

I certify to the best of my knowledge that the information provided is true and correct.

Name / Title of Person Completing Report Form (Print) _____

Signature _____ Date _____