

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 \_\_\_\_\_