California Labor Code
Section 2810 Checklist
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In accordance with CALIFORNIA LABOR CODE COMPLIANCE, please provide the following information. Attach additional sheets if necessary.

1. Contractor has collective bargaining agreement(s) with its own labor force (check one):
   - Yes □
   - No □ (If ‘No’ is checked, provide the information requested in items 3 through 7 below.)

2. All of the subcontractors used by Contractor under this Contract have collective bargaining agreements (check one):
   - Yes □
   - No □ (If ‘No’ is checked, provide the information requested in items 3 through 7 below.)

3. Vehicle identification number for each vehicle owned by Contractor and/or subcontractor and used for transportation in connection with any service provided pursuant to this contract:

4. Vehicle liability insurance policy number covering the vehicles listed in item 3, and the name, address, and telephone number of the insurance carrier:
   - Policy Number: __________________________
   - Insurance Carrier: _________________________
   - Address: __________________________________
   - Telephone No.: ( ) - ________

5. The address of any real property to be used to house workers in connection with this contract:

_________________________________________________________________________
_________________________________________________________________________
6. **Contractor’s Own Labor Force.** Provide the following information in connection with Contractor’s own labor force. If the exact number of workers, amount of wages, and pay dates are unknown at the time this Contract is executed, provide an estimate and so indicate. It is agreed that when Contractor has firm numbers, Contractor will notify Owner in writing.

   The total number of workers to be employed under this contract: ________________
   
   The total amount of all wages to be paid: ________________
   
   The date or dates when those wages are to be paid: ________________

7. **Contractor’s Subcontracted Work Force.** Provide the following information in connection with Contractor’s subcontracted work force. If the exact subcontracted firm(s) or individual(s) are unknown at the time this Contract is executed, provide an estimate and so indicate. It is agreed that when Contractor has finalized contracts with the subcontracted firm(s) or individual(s), and has firm numbers, Contractor will present Owner with the updated information in writing.

   The total number of persons who will be utilized under the contract or agreement as subcontractors:

   Name of subcontract firm or individual, and the current local, state and federal contractor license identification numbers for each:

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<th>Name of Subcontracted Firm or Individual</th>
<th>License #</th>
<th>Total Wages to be Paid</th>
<th>Date Wages to be Paid</th>
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   ___________________________________________  ____________________________________
   Signature                                      Date

   ______________________________________________
   Typed Name