



CITY OF CALEXICO  
BUSINESS LICENSE DEPARTMENT  
608 HEBER AVE.  
CALEXICO, CA 92231

**THIS FORM MUST BE RETURNED WITH THE APPLICATION OR RENEWAL FORM**

**BUSINESS NAME:** \_\_\_\_\_

The State of California passed AB3251 in September 1992, with an effective date of January 1, 1993. The bill requires that every employer who applies for or renews a business license must provide proof of valid worker's compensation insurance or proof of compliance with self-insurance provisions.

Please complete the form below and return it with your application or renewal form and payment. Your cooperation is appreciated. If you have any questions, please call the City of Calexico Business License Department at (760) 768-2132.

AB3251 SEC.2 Section 3711 of the Labor Code is amended to read: 3711(a) Every employer who applies for any license or the renewal of any license for a business issued pursuant to Section 37101 of the Government Code or Section 7284 of the Revenue and Taxation Code shall complete and sign a declaration that states the following:

**WORKERS' COMPENSATION DECLARATION**

I HEREBY AFFIRM, UNDER PENALTY OF PERJURY, ONE OF THE FOLLOWING DECLARATIONS:  
(Please check one)

I HAVE AND WILL MAINTAIN A CERTIFICATE OF CONSENT TO SELF-INSURE FOR WORKERS' COMPENSATION, AS PROVIDED BY SECTION 3700, FOR THE DURATION OF ANY BUSINESS ACTIVITIES CONDUCTED FOR WHICH THIS LICENSE IS ISSUED.

I HAVE AND WILL MAINTAIN WORKERS' COMPENSATION INSURANCE, AS REQUIRED BY SECTION 3700, FOR THE DURATION OF ANY BUSINESS ACTIVITIES CONDUCTED FOR WHICH THIS LICENSE IS ISSUED.

MY WORKERS' COMPENSATION INSURANCE CARRIER AND POLICY NUMBER ARE:

CARRIER: \_\_\_\_\_

POLICY #: \_\_\_\_\_

I CERTIFY THAT IN THE PERFORMANCE OF ANY BUSINESS ACTIVITIES FOR WHICH THIS LICENSE IS ISSUED, I SHALL NOT EMPLOY ANY PERSON IN ANY MANNER SO AS TO BECOME SUBJECT TO THE WORKERS' COMPENSATION LAWS OF CALIFORNIA, AND I AGREE THAT IF I SHOULD BECOME SUBJECT TO THE WORKERS' COMPENSATION PROVISIONS OF SECTION 3700 OF THE LABOR CODE, I SHALL FORTHWITH COMPLY WITH THE PROVISIONS OF SECTION 3700.

Applicant Name & Title (Please Print)

Date

EMAIL

Address

Applicant Signature

**WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000. IN ADDITIONAL TO THE COST OF COMPENSATION & DAMAGES, INTEREST AND ATTORNEY FEES, AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE.**

**INSTRUCTIONS FOR APPLICANTS APPLYING FOR CITY BUSINESS LICENSE**