



COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration Clinic Services Public Health
Behavioral Health Emergency Medical Services Public Administrator/Public Guardian
Environmental Health/Animal Services

Nationally Accredited for Providing Quality Health Services

WORKERS' COMPENSATION COMPLIANCE AFFIRMATION

1. (Please print clearly):

Business Name: _____

Health Permit Facility ID number, if known FA- _____

Business location address: _____

Owner/Operator phone number: _____

I understand that this business must comply with the Workers' Compensation laws of the State of California in order to obtain and maintain a valid Health Permit from the Monterey County Health Department, Environmental Health.

2. (Please check one):

I hereby affirm one of the following declarations:

____ I certify that this business is not subject to requirements of Section 3700 of the Labor Code at this time. I agree that if this business employs any person in any manner so as to become subject to the Workers' Compensation laws of the State of California and the provisions of Section 3700 of the Labor Code I will comply with those provisions.

OR

____ I have and will maintain a CERTIFICATE OF CONSENT TO SELF-INSURE for Workers' Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this Health Permit is issued.

OR

____ I have and will maintain a CERTIFICATE OF INSURANCE for Workers' Compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this Health Permit is issued. If you have checked this answer, please also show:

The Workers' Compensation insurance carrier/provider: _____

Policy number(s): _____

3. (Please sign and date):

Owner/Operator: _____ *Date:* _____

The information provided on the Workers' Compensation Compliance Affirmation form may be shared with the Monterey County District Attorney's office upon their request

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