

CITY OF SANTA CLARITA

BUILDING & SAFETY DIVISION

23920 Valencia Boulevard, Suite 140 Santa Clarita, CA 91355 (661)255-4935

Contractor Signature Authorization Form

This form is required whenever a contractor grants authority to an individual to sign on their behalf when obtaining a permit. Please complete this legal document in its entirety.

A valid authorization form must be presented for each occurrence, and accompanied by a valid California State License Board (CSLB) pocket identification, and workers compensation certificate (if applicable).

Contractor Name:					State Licer	State License No.		
Contrac	ctor	Address:						
Phone:			Street	E-mail:	City		Zip	
I, (print Califor sign or respon	sibl	ne) I hereby authoria ly behalf to obta le to comply with	ze the followin in permits at all applicable	, cert g individual, (print na the City of Santa (state laws and regu	tify that I am a licer me) Clarita. As a contr lations regarding r	nsed contractor actor, I unders equirements for	by the State of , to tand that I am permits when	
I HERE	ВҮ	AFFIRM under p	enalty of perju	ıry one of the follow	ring declarations:			
			section 3700	ertificate of conser of the labor code,				
		I have and will maintain Workers' Compensation Insurance, as required by section 3700 of the labo code for the performance of the work for which this permit is issued. My Workers' Compensation Insurance carrier and policy number is:						
	CA	RRIER			POLICY N	О.		
		person in any California. I also	manner, to be agree that if	ce of the work for vecome subject to the should become sule, I shall forthwith c	ne workers' composite to the workers	ensation laws on compensation	of the State of	
CONTRACTOR'S SIGNATURE					DATE			

NOTE: It is the responsibility of the contractor to retrieve this form from any party that no longer has the authority to sign permits on behalf of the contractor.