



City of El Cajon  
Building and Fire Safety Division  
200 Civic Center Way  
El Cajon, CA 92020  
Phone: 441-1726

## INDIVIDUAL CONTRACTOR

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Permit # \_\_\_\_\_ Permit Address \_\_\_\_\_

I \_\_\_\_\_ am an individual contractor and I certify that I am exempt from the requirements of Workers' Compensation Law of the State of California.

\_\_\_\_\_  
CONTRACTOR NAME

\_\_\_\_\_  
STATE LICENSE #

\_\_\_\_\_  
CONTRACTOR ADDRESS

**Do not sign this** unless you will be doing all of the work under this permit personally.

I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of the State of California.

I have read and understand the above agreement.

\_\_\_\_\_  
INDIVIDUAL LICENSED CONTRACTOR

\_\_\_\_\_  
DATE