

**COUNTY OF VENTURA
GENERAL SERVICES AGENCY
PROCUREMENT SERVICES**

Workers' Compensation
Certification of Sole Proprietorship

County Contracting Department: _____

Contractor name: _____

Contractor address: _____

I _____, wish to contract with the County of Ventura to provide the services described below. I understand that the County requires its contractors to carry workers' compensation coverage as requested by the California Labor Code. I certify that I am the/an owner of this company or am a sole proprietor, that I have no employees at this time and that I will not retain any employees to perform the contract for which this certification applies.

Description of Service: _____

Signature

Date