



# APPLICATION FOR PUBLIC WORKS CONTRACTOR REGISTRATION

# **Registration Information**

Type: Public Works

Period: 07/01/2022 06/30/2024

#### **Contractor Information**

Contractor Name: G 3 PLUMBING, INC.

Trade Name: RG3 PLUMBING

License Type Number: 1000045984

## **Contractor Physical Address**

Physical Business Country: United States of America Physical Business City/ NATIONAL CITY

Province:

Physical Business Address: 415 W 12th Street Physical Business State: CA

Physical Business Postal 91950

Code:

## **Contractor Mailing Address**

Mailing Country: United States of America Mailing City / Province: NATIONAL CITY

Mailing Address: 415 W 12th Street Mailing State: CA

Mailing Postal Code: 91950

### **Contact Info**

Daytime Phone: Daytime Phone Ext.:

Mobile Phone: Business Email: info@rg3plumbing.com

Applicant's Email: info@rg3plumbing.com

# Workers' Compensation

#### **Professional Employer Organization (PEO)**

Do you lease employees through Professional Employer Organization? Yes

PEO Name: ADP

Street address: 1450 Frazee Rd

City, State, Zip: San Diego, CA 92108

PEO Email Address:

PEO Phone Numbers: (877) 815-6427

#### **Workers' Compensation Overview**

Carrier: Harftord Casualty Inception Date: 03/23/2022

Policyholder Name: G 3 PLUMBING INC DBA RG3 Expiration Date: March 23, 2023

**PLUMBING** 

Policy Number: 72WECAR7G05

#### Certification

Yes I certify that I do not have any delinquent liability to an employee or the state for any assessment of back wages or related damages, interest, fines, or penalties pursuant to any final judgment, order, or determination by a court or any federal, state, or local administrative agency, including a confirmed arbitration award

I certify that the contractor is not currently debarred under Section 1777.1 or under any other federal or state law providing for the debarment of contractors from public works.

Yes I certify that one of the following is true: (1) I am licensed by the Contractors State License Board (CSLB) in accordance with Chapter 9 (commencing with Section 7000) of the Business and Professions Code; or (2) my business or trade is not subject to licensing by the CSLB.

I understand refunds are not authorized

I, Alejandra G Killion, the undersigned, am , G 3 PLUMBING, INC. with the authority to act for and on behalf of the above named contractor. I certify under penalty of perjury that all of the above information provided is true and correct. I further acknowledge that any untruthful information provided in this application could result in the certification being canceled.

I certify this on: 11:53 AM

## Legal Entity Information

#### **Legal Entity Type: Corporation**

Name: G 3 PLUMBING, INC.