LCP-AR1

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period 07/01/2012 (mm/dd/yyyy) to 06/30/2013 (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) :

Ducor Community Services District

2. LCP I.D. Number (assigned by DIR):	3. Date of Initial Approval:
2012.01130	02/04/2013

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

Stanley Carter - President
Ducor Community Services District P.O. Box 187
Ducor, CA 93218
Phone: 559-534-2318

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

Please check one:

XX NO

If Yes, proceed to item 6 on the next page

If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant, 455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary)

SUBMITTED BY:

Cecilia Parra DCSD Secretary
Signature

~~Stanley Carter, President~~ Raymond T. Daniel Compliance Officer
Name and Title

August 30, 2013
Date