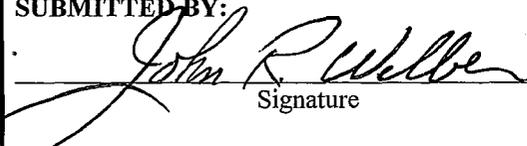


LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

Report for the reporting period July 1, 2012- June 30, 2013

1. Name of Labor Compliance Program (LCP) : Reclamation District 999 Labor Compliance Program		
2. LCP I.D. Number (assigned by DIR): 2011.00735	3. Date of Initial Approval: 9/1/2011	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Mr. Bob Webber 37363 Road 144 Clarksburg, CA 95612-5003		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Please check one: <input type="checkbox"/> Yes If Yes, proceed to item 6 on the next page <input checked="" type="checkbox"/> No 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:		
 Signature	<u>John R. Webber, Manager</u> Name and Title	<u>July 31, 2013</u> Date

Internet Course Certificate of Completion

**ETHICS ORIENTATION
FOR
STATE OFFICIALS**

I am aware of, and have attempted to comply with, the procedures established by my agency for making this Internet training a part of my agency's ethics orientation. I have carefully read all of the instructional materials that were provided in this accessible, non-interactive Internet course.

Name

Laura L. Devany

Agency

North Valley Labor Compliance Services

Date course completed

02/21/13

Position

Labor Compliance Consultant

Date

2/21/13

Carolyn Lay
Signature

My signature on this certificate signifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

Print