# 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 **07/01/2017** to **06/30/2018**

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP):</th>
<th>Reclamation District 551 Labor Compliance Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>2011.00692</td>
</tr>
<tr>
<td>3. Date of Initial Approval:</td>
<td>9/1/2011</td>
</tr>
</tbody>
</table>
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): | Mr. Carel Van Lopen Sels  
P.O. Box 123  
Walnut Grove, CA 95690 |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? | ![Yes/No]  
**Yes** If Yes, proceed to item 6 on the next page  
**No** If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,  
1515 Clay Street, 17th Floor, Oakland, CA 94612 |
| 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]  
**Name and Title**:  
**Date**: 7/10/18