



**AMENDED EMPLOYER DISCLOSURE STATEMENT:  
USE OF FOREIGN LABOR CONTRACTOR**

**Instructions:** Amendments to the Employer Disclosure Statement: Use of Foreign Labor Contractor must be submitted to the Labor Commissioner by email at [foreignlaborcon@dir.ca.gov](mailto:foreignlaborcon@dir.ca.gov) or by mail to: Labor Commissioner, Licensing & Registration Unit-FnLC, 1515 Clay Street, Suite 401, Oakland, CA 94612 within fifteen (15) days of the change. Please indicate date of initial or previous disclosure, employer name (legal and “doing business” as name, if different), provide updated information for any category of information that has changed, and sign the amended disclosure.

Date of Initial or Previous Disclosure: \_\_\_\_\_

Employing Person’s Full Legal Name:  
\_\_\_\_\_

All names under which Employing Person is doing business as, or has done business as, within the previous three (3) years:

\_\_\_\_\_

Employing Person’s contact information:

Current physical business address (number, street, city or town, county, state, zip code):

\_\_\_\_\_

Preferred mailing address (if different):

\_\_\_\_\_

Preferred email address: \_\_\_\_\_

Home address (if sole proprietor): \_\_\_\_\_

Foreign address, if applicable:

\_\_\_\_\_

Main business phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Employer's designated person to work with Foreign Labor Contractor:

Name and position: \_\_\_\_\_

Current physical business address (number, street, city or town, county, state, zip code):

\_\_\_\_\_

Preferred mailing address (if different):

\_\_\_\_\_

Preferred email address: \_\_\_\_\_

Main business phone number: \_\_\_\_\_

Designated person's mobile phone number: \_\_\_\_\_

Employer's operational information:

Type of business operated by employer (specify industry and goods and/or services provided):

\_\_\_\_\_

Physical address(es) of business location(s) where foreign guest workers will work:

\_\_\_\_\_

Number of foreign guest workers that will perform labor for employer: \_\_\_\_\_

Time period during which foreign guest workers will perform labor for employer:

\_\_\_\_\_

Visa classifications authorizing foreign guest workers who will perform labor for employer:

\_\_\_\_\_

Name and brief description of positions to be filled by foreign guest workers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Foreign Labor Contractors employer will use to solicit or recruit foreign guest workers:

\_\_\_\_\_

Foreign Labor Contractor(s) involved in recruiting employees on behalf of the employer:

Name: \_\_\_\_\_

Current physical business address (number, street, city or town, county, state, zip code):

\_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Email address: \_\_\_\_\_

Main business phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

(If there are additional Foreign Labor Contractors who are recruiting employees on your behalf, please include contact information on a separate page.)

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I certify that \_\_\_\_\_ (EMPLOYING PERSON) will not knowingly enter into an agreement for the services of a foreign labor contractor that is not registered under the Business and Profession Code § 9998.1.5.

Pursuant to Business and Professions Code § 9998.1.5(b)(2), I consent to the designation of the Labor Commissioner as an agent to accept service of summons in any action against \_\_\_\_\_ (EMPLOYING PERSON), if \_\_\_\_\_ (EMPLOYING PERSON), and/or \_\_\_\_\_ (EMPLOYING PERSON)'s designated agent for service of process has left the jurisdiction in which the action is commenced or otherwise has become unavailable to accept service.

Executed at \_\_\_\_\_, California, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Signature: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_