

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2018-0711-03 FP	EMERGENCY NUMBER
------------------	---------------------------------	--	------------------

For use by Office of Administrative Law (OAL) only

2018 JUL 11 P 4:34

OFFICE OF
ADMINISTRATIVE LAW

ENDORSED - FILED

in the office of the Secretary of State
of the State of California

JUL 31 2018

1:44pm

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

Department of Justice, for the Department of Industrial Relations

AGENCY FILE NUMBER (if any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Department of Industrial Relations bond form	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
--	--

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND Article 18, section 49.18 Foreign Labor Contractor Bond
	REPEAL
TITLE(S) 11, Div. 1, Chapter 2	

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input checked="" type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input checked="" type="checkbox"/> Other (Specify) Amendment of surety bond form	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
---	---	---	--

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON Cara M. Porter	TELEPHONE NUMBER (415) 510-3508	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
-------------------------------------	------------------------------------	-----------------------	---------------------------

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

July 9, 2018

TYPED NAME AND TITLE OF SIGNATORY

Cara M. Porter, Deputy Attorney General

For use by Office of Administrative Law (OAL) only
AUTHORIZED FOR FILING AND PRINTING

JUL 31 2018

Office of Administrative Law

Foreign Labor Contractor Bond**KNOW ALL PERSONS BY THESE PRESENTS:****BOND NO.** _____

(SURETY USE ONLY)

That we _____
(Full Name and Address of Foreign Labor Contractor)

doing business as _____

a Foreign Labor Contractor(s), as Principal, and _____
(Full Name and Address of Surety)_____, a surety company qualified and admitted to do business
in the State of California, as Surety, are held and firmly bound unto the People of the State of California, in the penal sum of_____ dollars (\$ _____)
lawful money of the United States of America, to be paid to the People of the State of California, for which payment we bind ourselves, our heirs, executors, administrators, successors,
and assigns, jointly and severally, firmly by these presents.California Business and Professions Code Section 9998.1.5(b)(3) requires that the Principal file with the Labor Commissioner a bond in a penal sum in the above amount based on the
Principal's annual gross receipts from operations as a foreign labor contractor. The condition of this obligation is that set forth in Business and Professions Code Section 9998.1.5(b)(3)
which provides that the above bounden Principal will comply with all terms and provisions of Chapter 21.5, Division 3 of the California Business and Professions Code and will pay all
damages and any other monetary relief awarded as a result of a violation of said chapter occasioned to any person by failure to do so, or by any violation of the provisions of said chapter,
or false statements or misrepresentations made in the registration process. The bond shall also be payable for interest on wages and for any damages arising from violation of applicable
orders of the Industrial Welfare Commission, and for any other monetary relief awarded to a foreign worker as a result of a violation of law by the foreign labor contractor.The bond is executed by the Surety hereunder to comply with Section 9998.1.5(b)(3) of the Business and Professions Code and Chapter 2 (commencing with Section 995.010), Title 14,
Part 2 of the Code of Civil Procedure and this bond shall be subject to all terms and provisions thereof. The Surety, its successors and assigns, agree they are jointly and severally liable
on the obligations of the bond, the provisions of Chapter 2 (commencing with Section 995.010), Title 14, Part 2 of the Code of Civil Procedure, and Section 9998.1.5 of the Business and
Professions Code.Pursuant to California Code of Civil Procedure Section 996.360(a) and (b), this bond shall remain in full force and effect for all liabilities incurred before, and for acts, omissions, or causes
existing or which arose before, the cancellation or withdrawal. This bond shall be deemed continuous in form and shall remain in full force and effect throughout all succeeding license
periods unless terminated or cancelled in the manner hereinafter provided.

The aggregate liability of the Surety on all claims shall not exceed the penal sum of this bond.

The bond may be cancelled by the Surety in accordance with Article 13 (commencing with Section 996.310), Chapter 2, Title 14, Part 2 of the Code of Civil Procedure.

The Principal and Surety may be served with notices, papers and other documents under Chapter 2 (commencing with Section 995.010), Title 14, Part 2 of the Code of Civil Procedure,
at the addresses indicated above.

The effective date of this bond is _____.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct and that I have executed the foregoing bond under an unrevoked power
of attorney. Executed at _____.

IN WITNESS THEREOF, the said Principal and Surety have hereunto set their hands and seals this _____ day of _____, 20 _____.

(If a corporation, two officers sign below)

(If an individual, sign below. If a partnership, all partners sign below. If a LLC, managing member
sign below)

A CORPORATION

PRINCIPAL

PRINCIPAL

By: _____

(TITLE OF OFFICIAL)

By: _____

(TITLE OF OFFICIAL)

SURETY

(CORPORATE SEAL)Attach certificate of acknowledgment of
surety before a notary public

By: _____

(TITLE OF OFFICIAL)

NOTE: This bond is to be duly executed and filed with the State Labor Commissioner.

☐ Acknowledgement of Principal
☐ Acknowledgement of Surety (Attorney-In-Fact)

STATE OF CALIFORNIA

County of _____ ss

On _____ before me, _____

(here insert name and title of the officer), personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____ (Seal)

☐ Acknowledgement of Principal
☐ Acknowledgement of Surety (Attorney-In-Fact)

STATE OF CALIFORNIA

County of _____ ss

On _____ before me, _____

(here insert name and title of the officer), personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____ (Seal)

☐ Acknowledgement of Principal
☐ Acknowledgement of Surety (Attorney-In-Fact)

STATE OF CALIFORNIA

County of _____ ss

On _____ before me, _____

(here insert name and title of the officer), personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____ (Seal)