

**SIGNATURES**

**APPROVED BY CONTRACTOR**

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**APPROVED BY WORKSITE AGENCY**

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

Title: \_\_\_\_\_

\_\_\_\_\_  
Tax I.D. or Social Security No.

Date: \_\_\_\_\_

**APPROVED AS TO LEGAL FORM**

By the Office of the San Benito County Counsel

By: James T. W. Deputy Co. C.

Date: 1-6-07