



July 31, 2012

Valued DCA Member,

As you know, there is an unacceptable amount of illegal and underground work being performed in our local area. This activity affects all of us that are trying to perform within the law and provide our customers with quality work at a fair price.

The Desert Contractors' Association is working with fellow advocacy groups, local, and state agencies to curb this activity. In our efforts, we have found that these agencies are truly dedicated to routing out the "bad actors" and help level the playing field for all of us.

We are asking you to help us in our efforts by providing the names and information of companies that you encounter that are not bidding and working within the law. **The information you provide will be strictly confidential** and will only be shared anonymously through the DCA with the proper agency that has jurisdiction over the infraction.

The enclosed form may be used to help us identify the company or individual you are reporting. Please deliver to the DCA Membership Center or contact us and we will pick the form up at your location. Only with all of us working together can we as an Association and industry insure that the people involved in our trades represent the best the Valley has to offer.

If you would like to learn more about this program, please feel free to contact our Membership Center.

Ron Phillips,

A handwritten signature in blue ink, appearing to read "Ron Phillips", is written over a light blue horizontal line.

Executive Director

Desert Contractors' Association California Contractor -Illegal Activity Reporting Form

In an effort to assist members with reporting illegal activity that hinders the advancement and success of legally operated businesses; the Desert Contractors Association has provided this form to report, track and create a database of information in an anonymous and identity protected method. Fill in as much information as possible. The more info provided the more chance of a successful resolution.

Please do not fax or email this form. You can drop it off at the DCA Membership Center or contact the DCA office and we can pick it up at your location.

ALLEGED OFFENDER INFORMATION

Person's Name: _____

Company Name: _____ CSLB# _____

Business Address: _____

Job Address: _____

Phone: _____ Email: _____

Check Each That Applies:

| | | | |
|--------------------------|-----------------------------------|--------------------------|--|
| <input type="checkbox"/> | No License | <input type="checkbox"/> | Under pays prevailing wage (public jobs) |
| <input type="checkbox"/> | No Workers Compensation Insurance | <input type="checkbox"/> | Out of State Company w/o CA License |
| <input type="checkbox"/> | Pays Cash To Workers | <input type="checkbox"/> | Worker (Employee) Intimidation |
| <input type="checkbox"/> | No Bond | <input type="checkbox"/> | False Payroll Reporting |
| <input type="checkbox"/> | No Liability Insurance | <input type="checkbox"/> | Uses Undocumented Workers |
| <input type="checkbox"/> | Other | <input type="checkbox"/> | |

Please add additional information relevant to this claim:

Membership Center - 71-687 Highway 111, STE 202, Rancho Mirage 92270 (760) 200-9202