

# LWO Non-Coverage Determination Application

## OCC DETERMINATION REQUIRED

**This application for non-coverage must be submitted by the Contractor. INCOMPLETE SUBMISSION WILL BE RETURNED.**

Los Angeles Administrative Code 10.37, the Living Wage Ordinance (LWO), presumes all City Contractors are subject to the LWO unless this non-coverage determination application is approved.

### SECTION I: CONTRACTOR INFORMATION

1. Company Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_
4. Are you a Subcontractor?  Yes  No  
If YES, state the name of the Prime Contractor: \_\_\_\_\_

### SECTION II: CONTRACT INFORMATION

1. Contract Amount: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
2. Purpose of the Contract: \_\_\_\_\_
3. Type of Service Provided: \_\_\_\_\_
4. Location of Service: \_\_\_\_\_
5. Awarding Dept: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

### SECTION III: NON-COVERAGE DETERMINATION REQUEST INFORMATION

Per Section 10.37.13 of the LWO, contractors may request a determination of non-coverage on any basis by this article, including, but not limited to: non-coverage, for failure to satisfy definition of "City financial assistance recipient", "public lease/license", or "service contract".

1. Request for non-coverage determination due to failure to satisfy the following definition:  
 City Financial Assistant Recipient  Public Lease/License  Service Contract  Other
2. Provide a **detailed memorandum** explaining the basis of the request, which may include, but is not limited to: the terms of a city financial assistance agreement, purpose of the contract, location, and work performed. The OCC may request further information to issue a determination.

By signing, the contractor certifies under penalty of perjury under the laws of the State of California that the information submitted in support of this application is true and correct to the best of the contractor's knowledge.

\_\_\_\_\_  
Print Name of Person Completing this Form

\_\_\_\_\_  
Signature of Person Completing this Form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

ANY DETERMINATION/APPROVAL IS APPLICABLE ONLY TO THE LISTED CONTRACTOR FROM THE LWO DURING THE PERFORMANCE OF THIS CONTRACT. A SUBCONTRACTOR PERFORMING WORK ON THIS CONTRACT IS NOT EXEMPT UNLESS THE OFFICE OF CONTRACT COMPLIANCE HAS APPROVED A SEPARATE APPLICATION FOR THE INDIVIDUAL SUBCONTRACTOR.

### OCC USE ONLY

Approved/ Not Approved - Reason: \_\_\_\_\_

By OCC Analyst: \_\_\_\_\_ Date: \_\_\_\_\_