



APPLICATION FOR PUBLIC WORKS CONTRACTOR REGISTRATION

Registration Information

Type: Public Works

Period: 07/01/2022 06/30/2023

Contractor Information

Contractor Name: TAYLOR WALK INC

Trade Name: PACIFIC OFFICE INTERIORS

License Type Number: 1000004555

Contractor Physical Address

Physical Business Country: United States of America

Physical Business Address: 5304 DERRY AVENUE SUITE U

Contractor Mailing Address

Mailing Country: United States of America Mailing Address: 5304 DERRY AVENUE SUITE U

Contact Info

Daytime Phone: Mobile Phone: Physical Business City/ AGOURA HILLS Province:

Physical Business State: CA

Physical Business Postal 91301 Code:

Mailing City /Province: AGOURA HILLS Mailing State: CA Mailing Postal Code: 91301

Daytime Phone Ext.:

Business Email: sfowler@poi.bz Applicant's Email: sfowler@poi.bz

Workers' Compensation

Professional Employer Organization (PEO)

Do you lease employees through Professional Employer Organization? No

Workers' Compensation Overview

Carrier: BENCHMARK Policyholder Name: TAYLOR WALK INC Policy Number: CST5021684 Inception Date: 06/01/2021 Expiration Date: June 1, 2022

Certification

Yes I certify that I do not have any delinquent liability to an employee or the state for any assessment of back wages or related damages, interest, fines, or penalties pursuant to any final judgment, order, or determination by a court or any federal, state, or local administrative agency, including a confirmed arbitration award

I certify that the contractor is not currently debarred under Section 1777.1 or under any other federal or state law providing for the debarment of contractors from public works.

Yes I certify that one of the following is true: (1) I am licensed by the Contractors State License Board (CSLB) in accordance with Chapter 9 (commencing with Section 7000) of the Business and Professions Code; or (2) my business or trade is not subject to licensing by the CSLB.

I understand refunds are not authorized

I, Stacy Fowler, the undersigned, am, TAYLOR WALK INC with the authority to act for and on behalf of the above named contractor. I certify under penalty of perjury that all of the above information provided is true and correct. I further acknowledge that any untruthful information provided in this application could result in the certification being canceled.

I certify this on: 1:31 PM

Legal Entity Information

Legal Entity Type: Corporation

Name: TAYLOR WALK INC