

CERTIFICATION OF UNDERSTANDING AND AUTHORIZATION

This is to certify that the principals and the authorized payroll officer below understand the labor wage standards pertaining to the subject project.

All Payrolls/Non-Performance Statements are to be numbered consecutively and submitted weekly. The last payroll for the project is to be marked "Final."

The following person(s) is/are designated as the payroll officer(s) for the undersigned, authorized to sign the Statement of Compliance which will accompany our weekly certified payroll reports for this project:

Designated Payroll Officer #1 Name

Designated Payroll Officer Signature

Designated Payroll Officer #2 Name

Designated Payroll Officer Signature

BUSINESS NAME

COMPANY OFFICER NAME

COMPANY OFFICER TITLE

COMPANY OFFICER SIGNATURE

Contractor's License No.

Expiration Date

Contractor's signature above certifies that the above listed license number is current and active and that the business named has current Workers' Compensation insurance.

IRS Federal Identification Number

Date