

Statement of Compliance

I _____, the undersigned, am the _____
Print Name Position in Business

with the authority to act for and on behalf of _____
Name of Business/Contractor

I certify under penalty of perjury that the records commencing on ____/____/____ and ending on ____/____/____ submitted herein and consisting of _____ pages are the originals, full and correct documents, which depict the payroll record(s) of actual disbursements by way of cash, check or whatever form to the individual or individuals named.
of Pages

- (1) That this employer has complied with the requirements of the California Labor Code Sections 1771, 1811, and 1815 for all work performed on this public works project, and that the classifications set forth therein for each trade rate conform with the work performed.
- (2) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the State of California's Division of Apprenticeship Standards

PAYROLL/ OTHER DEDUCTIONS

- 1. I herein certify the full and complete Prevailing Wages were paid as currently published and posted by the DIRECTOR of INDUSTRIAL RELATIONS, State of California and only deductions as authorized under the Laws of the State of California or the laws of United States of America have been made from these sums
- 2. All other deductions are clearly listed for each employee on an attachment as required by the Director of Industrial Relation, State of California.

OPTIONAL BENEFIT PLANS

I herein certify that all employee deductions for optional benefit plans are authorized and the employee(s) are signed up for the plan(s) and are receiving the benefit(s) of the plan(s) listed

WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above payroll, payment of fringe benefits as listed in the contract have or will be made to the appropriate programs for the benefit of such employees, except as noted below.

WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly rate plus the amount of the required fringe benefits as listed in the determination for the craft, except as noted below.

Exception(s)

Craft	Explanation
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Craft	Explanation
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I herein certify under penalty of perjury that all of the above is true and correct as submitted.

Date	Signature (Wet Signature Required)	Project	Payroll#
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