

**CERTIFICATION OF UNDERSTANDING
AND AUTHORIZATION**

Project Name: _____

This is to certify that the principals, and the authorized payroll officer below, will provide the following documents:

- 1) Payroll Form(s) with a Statement of Compliance
- 2) Statement of Non-Performance if no work is performed on the project site.
- 3) Certification Concerning State Labor Standards and Prevailing Wages.
- 4) Certificate of Applicable Fringe Benefit Payments.

And have read and understand the labor wage standards pertaining to the subject project, as per the specifications,

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

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

Designated Payroll Officer (Name)

Designated Payroll Officer (Signature)

Business Name

by _____
Officer Signature & Title

Contractor's License No. _____

Expiration Date _____

Contractor's signature above certifies that the above listed license number is valid for the business named, is active and has required current Worker's Comp Insurance.

IRS Federal Identification Number

Date