

Certification of Understanding and Payroll Authorization*

Project Location:

Company Name:

Address:

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

This is to certify that the principle(s), and the authorized payroll office listed below, have read the “Contractor’s Guide to Prevailing Wage Requirements for Federally Assisted Construction” and the Federal Labor Standards Provisions (HUD-4010 form) and that both parties understand these requirements.

The following person is designated as the payroll officer for the company and is authorized to sign the Statement of Compliance that will accompany each weekly Certified Payroll Report for the project:

PAYROLL OFFICER: (Individual responsible for signing Statements of Compliance)

Name Title

Signature Date

PRINCIPLE OWNER/GENERAL PARTNER: (Listed on CSLB Personnel List)

Name Title

Signature Date

***If the owner plans to sign the payrolls, disregard this form.**