

Authorization to Execute the Weekly Statement
of Compliance for Certified Payroll Records

DATE: _____

GENERAL CONTRACTOR: _____

SUB CONTRACTOR: _____

PROJECT NAME: _____

CONTRACTOR'S LICENSE # _____

I, _____ am the _____
Name of Person Making Authorization Title and Position

of _____, certify that _____
Name of Contractor Full Name of Person Certifying Payroll Records

Has knowledge of State Prevailing Wage Requirements per Labor Codes 1720 – 1815, California Code of Regulations 16000 – 17270 as well as Davis – Bacon and Related Acts Code of Federal Regulations Title 29 § 5.5(a)(2) and 5.5(b)(3) and is hereby charged with full authority and approval, on behalf of the undersigned to compile the weekly payroll documentation and execute the “Statement of Compliance” under penalty of perjury for all employees working on this project on behalf of the above Contractor.

Signature of Designated Payroll Administrator

Printed Name of Designated Payroll Administrator

Signature of Person Making Authorization

Printed Name and Title of Person Making Authorization (must be company officer)