

OWNER/OPERATOR AFFIDAVIT

PROJECT INFORMATION

PROJECT NAME:		COUNTY CONTACT#:	
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CONTRACTOR INFORMATION

COMPANY NAME:		PHONE:	
PAYROLL CONTRACT:		EMAIL:	

STATE OF WORK PERFORMED

I, _____, hereby certify that I am the
(Insert Name of Signatory Party)

_____ of _____ and
(Insert Owner, Partner, President, etc.) (Insert Name of Company submitting statement)

perform the following work _____ and certify that
(insert type of work or list the specific classes of work)

the work is being and/or was done by me personally.

REQUIRED PROOF & DOCUMENTATION

Enclose a copy of any of the following documentation proving the individual's ownership of the business. More than one form may be required. If the supplied documentation does not prove ownership, you will not be considered an Owner/Operator and will have to pay and report prevailing wages for yourself.

<input type="checkbox"/> Trade Name Registration	<input type="checkbox"/> Vehicle Registration (Trucking Companies Only)
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Certificate of Auto Insurance (Trucking Companies Only)
<input type="checkbox"/> Form 1040 Schedule C (most recent)	

Hours worked on this job must be submitted on the weekly certified payroll form: W-9 form is not acceptable. Federal ID# is not acceptable. Falsification of any of the above may subject the contractor to civil or criminal prosecution.

OWNER/OPERATOR/CONTRACTOR ACKNOWLEDGEMENT & AUTHORIZATION

OWNER/OPERATOR/CONTRACTOR	TITLE	SIGNATURE	DATE
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NOTICE: YOUR SIGNATURE ABOVE CONSITUATES AN OATH, AND A MATERIALLY FALSE SATEMENT TO INDUCE PAYMENT BY THE COUNTY MAY SUBJECT YOU TO CRIMINAL PROSECUION FOR PERJURY.