

# 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.

Trade Name Registration

Vehicle Registration (Trucking Companies Only)

Articles of Incorporation

Certificate of Auto Insurance (Trucking Companies Only)

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

**NOTICE:** YOUR SIGNATURE ABOVE CONSTITUTES AN OATH, AND A MATERIALLY FALSE STATEMENT TO INDUCE PAYMENT BY THE COUNTY MAY SUBJECT YOU TO CRIMINAL PROSECUTION FOR PERJURY.