

**LUCAS COUNTY**  
**PREVAILING WAGE**  
**GUIDE FOR**  
**CONTRACTORS**



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## **Prevailing Wage Contractor Responsibilities**

### **ORC Chapter 4115: Wages And Hours On Public Works (Prevailing Wage)**

#### **General Information**

Ohio's prevailing wage laws apply to all public improvements financed in whole or in part by public funds.

#### **Thresholds for public improvement that involves roads, streets, alleys, sewers, ditches, and other works connected to road or bridge construction as of January 2020:**

- New construction: **\$93,292**
- Reconstruction, enlargement, alteration, repair, remodeling, renovation, or painting: **\$27,950**

#### **Thresholds for all other public improvements:**

- New construction: **\$250,000**
- Reconstruction, enlargement, alteration, repair, remodeling, renovation, or painting: **\$75,000**

- Thresholds are to be adjusted biennially by the Director of the Ohio Department of Commerce

#### **Penalties for violation**

Violators are to be assessed the wages owed, plus a penalty of 100% of the wages owed.

#### **Intentional Violations**

If an intentional violation is determined to have occurred, the contractor is prohibited from contracting directly or indirectly with any public authority for the construction of a public improvement. Intentional violation means "a willful, knowing, or deliberate disregard for any provision" of the prevailing wage law and includes but is not limited to the following actions:

- intentional failure to submit payroll reports as required, or knowingly submitting false or erroneous reports
- intentional misclassification of employees for the purpose of reducing wages
- intentional misclassification of employees as independent contractors or as apprentices
- intentional failure to pay the prevailing wage
- intentional failure to comply with the allowable ratio of apprentices to skilled workers as required by the regulations established by Ohio Department of Commerce, Wage and Hour Bureau
- intentionally employing an officer, of a contractor or subcontractor, that is known to be prohibited from contracting, directly or indirectly, with a public authority

#### **Responsibilities**

- A. Pay the prevailing rate of wages as shown in the wage rate schedules issued by the Ohio Department of Commerce, Wage and Hour Bureau, for the classification of work being performed.
  - 1) Wage rate schedules include all modifications, corrections, escalation's, or reductions to wage rates issued for the project.
  - 2) Overtime must be paid at time and one-half the employee's base hourly rate. Fringe benefits are paid at straight time rate for all hours including overtime.
  - 3) Prevailing wages must be paid in full without any deduction for food, lodging, transportation, use of tools, etc. unless, the employee has voluntarily consented to these deductions in writing. The public authority and the Chief of DOC Wage and Hour Bureau must approve these deductions as fair and reasonable. Consent and approval must be obtained before starting the project.
- B. Use of Apprentices and Helpers cannot exceed the ratios permitted in the wage rate schedules.
  - 1) Apprentices must be registered with the Ohio State Apprenticeship Council.
  - 2) Contractors must provide the Prevailing Wage Coordinator a copy of the Apprenticeship Agreement for each apprentice on the project.

C. Keep full and accurate payroll records available for inspection by any authorized representative of the Ohio Bureau of Wage and Hour or the contracting public authority, including the Prevailing Wage Coordinator.

Records should include but are not limited to:

- 1) Time cards, time sheets, daily work records, etc.
- 2) Payroll ledger\journals and canceled checks\check register.
- 3) Fringe benefit records must include program name, address, account number, and canceled checks.
- 4) Records made in connection with the public improvement must not be removed from the State for one year following the completion of the project.
- 5) Out-of-State Corporations must submit to the Ohio Secretary of State the full name and address of their Statutory Agent in Ohio.

D. Prevailing Wage Rate Schedule must be posted on the job site where it is accessible to all employees.

E. Prior to submitting the initial payroll report, supply the Prevailing Wage Coordinator with your project dates to schedule reporting of your payrolls.

F. Supply the Prevailing Wage Coordinator a list of all subcontractors including the name, address, and telephone number for each.

- 1) Contractors are responsible for their subcontractors' compliance with requirements of Chapter 4115 of the Ohio Revised Code.

G. Before employees start work on the project, supply them with written notification of their job classification, prevailing wage rate, fringe benefit amounts, and the name of the Prevailing Wage Coordinator for the project.

H. Supply the Prevailing Wage Coordinator with a copy of each employee's complete and signed notification forms

I. Supply all subcontractors with the Prevailing Wage Rates and changes.

J. Submit certified payrolls within two (2) weeks after the initial pay period. Payrolls must include the following information:

1. Employees' names, addresses, and social security numbers.
  - a) Corporate officers\owners\partners and any salaried personnel that do physical work on the project are considered employees. All rate and reporting requirements are applicable to these individuals.
2. Employees' work classification.
  - a) Be specific about the laborers and\or operators
  - b) For all apprentices, show level\year and percent of journeyman's rate
3. Hours worked on the project for each employee.
  - a) The number of hours worked in each day and the total number of hours worked each week.
4. Hourly rate for each employee.
  - a) The minimum rate paid must be the wage rate for the appropriate classification. The Department's Wage Rate Schedule sets this rate.
  - b) All overtime worked is to be paid at time and one-half for all hours worked more than forty (40) per week.
5. Where fringes are paid into a bona fide plan instead of cash, list each benefit and amount per hour paid to program for each employee.
  - a) When the amount contributed to the fringe benefit plan and the total number of hours worked by the employee on all projects for the year are documented, the hourly amount is calculated by dividing the total contribution of the employer by the total number of hours worked by the employee.
  - b) When the amount contributed to the fringe benefit is documented but not the total hours worked, the hourly amount is calculated by dividing the total yearly contribution by 2080.

6. Gross amount earned on all projects during the pay period.
7. Total deductions from employee's wages.
8. Net amount paid.

K. The reports shall be certified by the contractor, subcontractor, or duly appointed agent stating that the payroll is correct and complete; and that the wage rates shown are not less than those required by the O.R.C. 4115.

L. Send Monthly Headcount Sheet (Input Form 29) (Employment Utilization Reporting Work Hour Data By Race and Sex) for all contractors individually (prime and subcontractors)

M. Send a Final Affidavit to the Prevailing Wage Coordinator upon the completion of the project.

## PREVAILING WAGE COORDINATOR

The Lucas County Board of Commissioners has designated George Sydlowski as Prevailing Wage Coordinators, in accordance with Section 4115.071 of the Ohio Revised Code.

George Sydlowski monitors payroll reports and all other paperwork for projects, interviews employees out at the job sites and monitors the work.

The office is located at 1049 S McCord Rd, Holland, Ohio 43528

George Sydlowski: 419-213-4661

### CONTRACTORS SUBMISSIONS TO THE WAGE COORDINATOR:

- 1) Contractors are required to supply to the Wage Coordinator, a schedule of the dates during the life of the contract with Lucas County on which they are required to pay wages to the employees. See Section 4115.03 (A) (2)
- 2) Contractors shall also deliver to the Wage Coordinator a certified copy of the payroll within two weeks after the initial pay date and supplemental reports for each month thereafter, which shall exhibit for each employee, their name, current address, social security number, job classification, number of hours worked for project, rate of pay, project gross pay, fringe payments, total hours all jobs, total gross all jobs, and deductions from their wages. See Section 4115.03 (A) (3)
- 3) If the life of the contract is expected to be no more than four months from the beginning of performance by the contractor or subcontractor, such supplemental reports shall be filed each week after the initial report. See Section 4115.03 (A) (6) (C)
- 4) The certification of each payroll shall be executed by the contractor, subcontractor, or duly appointed agent thereof and include a State of Compliance stating that the payroll is correct and complete and that during the payroll period, all persons employed on said project have been paid the full weekly wages earned, that no rebates have or will be made either directly or indirectly to, or on behalf of said contractor or subcontractor for the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions. See Section 4115.03 (A) (6) (C)
- 5) Contracts will provide a Monthly Head Count/Employment Utilization Report
- 6) Contractors will also provide each month a copy of any Labor Union Fringe Benefit Fund reports that they submitted to the unions. See Section 4115.03

### PREVAILING WAGE COORDINATOR MONITORING PROCEDURES

The wage Coordinator's duties are those specified in Section 4115.071 and shall include:

- 1 Attend Pre-Construction Meetings to advise contractor of Prevailing Wage responsibilities
- 2 Wage Coordinator has the authority to spot check employees pay checks in the field on the scheduled pay days for full compliance, with regard to the prevailing wage rates, including benefits.
- 3 Wage Coordinator shall visit the project site to get names of employees performing work on the project site, to cross check with payroll reports submitted.
- 4 Wage Coordinator shall verify the subcontractors performing work on the project site with regard to whether they have been approved by the contracting authority.
- 5 Wage Coordinator shall check to see that the prevailing wages are posted on the project site in a place accessible to employees.
- 6 Wage Coordinator shall review at a minimum, 30% of all the submitted payrolls (prime and subcontractors) for any Prevailing Wage Violations.
- 7 Ascertain that the statement of compliance accompanying the certified payroll is the correct one for the project
- 8 Wage Coordinator has the right to request any addition information they feel is required for proper wage verification.
- 9 Contact Contractors of delinquent payrolls
- 10 Notify contractors when necessary to request payroll corrections
- 11 Investigate wage complaints by self or with Ohio Department of Commerce Division of Labor & Worker Safety

# PREVAILING WAGE NOTIFICATION TO EMPLOYEE

Project Name:	Job Number:																																				
Contractor:																																					
Project Location:																																					
Jobsite posting of prevailing wage rates located:																																					
<b>Prevailing Wage Coordinator</b>																																					
Name:																																					
Street:																																					
City:																																					
State / Zip:																																					
Phone:																																					
<b>Employee</b>																																					
Name:																																					
Street:																																					
City:																																					
State / Zip:																																					
Phone:																																					
<p>You will be performing work on this project that falls under these classifications. You will be paid the appropriate rate for the type of work you are performing.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Classification</th> <th style="width: 35%;">Prevailing Wage Rate Total Package</th> <th style="width: 15%;">Minus Your Fringe Benefits</th> <th style="width: 25%;">Your Hourly Base Rate</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Classification	Prevailing Wage Rate Total Package	Minus Your Fringe Benefits	Your Hourly Base Rate																																
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<p>Hourly fringe benefits paid on your behalf by this company.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Fringe</th> <th style="width: 35%;">Amount</th> <th style="width: 15%;">Fringe</th> <th style="width: 25%;">Amount</th> </tr> </thead> <tbody> <tr><td>Health Insurance</td><td> </td><td>Health Insurance</td><td> </td></tr> <tr><td>Life Insurance</td><td> </td><td>Holiday</td><td> </td></tr> <tr><td>Pension</td><td> </td><td>Sick Pay</td><td> </td></tr> <tr><td>Bonus</td><td> </td><td>Training</td><td> </td></tr> <tr><td>Other</td><td> </td><td><b>TOTAL HOURLY FRINGES</b></td><td> </td></tr> </tbody> </table>		Fringe	Amount	Fringe	Amount	Health Insurance		Health Insurance		Life Insurance		Holiday		Pension		Sick Pay		Bonus		Training		Other		<b>TOTAL HOURLY FRINGES</b>													
Fringe	Amount	Fringe	Amount																																		
Health Insurance		Health Insurance																																			
Life Insurance		Holiday																																			
Pension		Sick Pay																																			
Bonus		Training																																			
Other		<b>TOTAL HOURLY FRINGES</b>																																			
Contractor's Signature:																																					
Employee's Signature:																																					
Date:																																					
Date:																																					

## Instructions For Preparing Certified Payroll Reports

### General:

**Contractors and subcontractors are required by law to submit certified payroll reports for work on projects covered by Ohio's Prevailing Wage Law.** This form meets the reporting requirements established by Ohio Revised Code Chapter 4115. **The use of this form is not mandatory, employers may submit their own forms provided that all of the required information is included.** This form may be reproduced, or additional copies obtained from:

Ohio Department of Commerce, Wage and Hour Bureau,  
50 West Broad Street,  
Columbus, Ohio 43215, (614) 644-2239

**\*PLEASE CONTACT GEORGE SYDLOWSKI LUCAS COUNTY PREVAILING WAGE COORDINATOR, TO RECEIVE COPIES OF THIS FORM. 419 213-4661**

### Certified Payroll Heading:

Employer name and address: Company's full name and address. Indicate if the company is a subcontractor, if so list the name of the General or Prime.

Project: Name and location of the project, including county.

Contracting Public Authority: Name and address of the contracting public authority.

Week Ending: Month, day, and year for last day of reporting period.

Payroll #: Indicates first, second, third, etc. payroll filed by the company for the project.

Page indicator: number of pages included in the report.

Project Number: Determined by the public authority. If there is no number leave blank.

### Payroll Information by column:

1. Employee Name, Address and last 4 digits of Social Security number: This information must be provided for all employees that perform physical labor on the project. Corporate officers, partners, and salaried employees are considered employees and must be paid the prevailing rate. Individual sole proprietors do not have to pay themselves prevailing rate but must report their hours on the project.
2. Work Class: List classification of work actually performed by employee. If unsure of work classification, consult the Ohio department of Commerce, Wage and Hour Bureau. Employees working more than one classification should have separate line entries for each classification. Indicate what year/level for Apprentices. Be specific when using laborer and operator classifications; for example, Backhoe Operator or Asphalt Laborer.
3. Hours Worked, Day & Date: In the first row of column 3 enter days of pay period example; M T W TH F S S. The second row is for the date that corresponds with each day for the pay period. In the employee information section enter the number of hours worked on the prevailing wage project and which day the hours were worked. Separate rows are labeled for (ST) straight time hours and (OT) overtime hours. All hours worked after 40, must be paid at the appropriate overtime rate.
4. Project Total Hours: Total the hours entered for pay period.
5. Base Rate: Enter actual rate per hour paid to the employee. The overtime hourly rate is time and one-half the base rate listed in the prevailing wage schedule, plus fringe benefits at straight time rate. The prevailing wage schedule lists the base rate plus fringe benefit amounts. These amounts added together equal the total prevailing wage rate.  
Employers must pay this total amount in one of three ways.
  - Total rate may be paid in entirety in the base rate to the employee; in which case, the cash designation will be checked for fringe benefits.

- Total rate may be paid as listed in prevailing wage rate schedule with total fringe amounts paid approved plans.
- Total rate may be paid with a combination of base rate and fringe payments to approved plans in amounts other than those listed in schedule.

6. **Project Gross:** Enter total gross wages earned on the project for straight time and overtime. Project hours X base rate should equal project gross.
7. **Fringes:** If fringe benefits are paid in the hourly base rate, indicate this by marking the cash space. If fringe benefits are paid to approved plans as listed in the prevailing wage rate schedule, mark the space Approved Plans. If fringe benefits are paid partially in the base rate and partially to approved plans, mark the space Cash & Approved plans. **List the hourly amount paid to approved plans for each fringe. If payments are not made on a per hour basis, calculate the hourly fringe credit by dividing the yearly employer contribution by the lesser of: hours actually worked in the year (these must be documented) or 2080.** Fringe benefits include: Employer's share of health insurance, life insurance, retirement plan, bonus/profit sharing, sick pay, holiday pay, personal leave, vacation, and education/training programs.
8. **Total Hours All Jobs:** Total all hours worked during the pay period including non-prevailing wage jobs.
9. **Total Gross All Jobs:** Gross amount earned in the pay period for all hours worked.
10. Self explanatory.
11. Self explanatory.
12. Self explanatory.

## CERTIFIED PAYROLL REPORT

Employer Name & Address		Name of General / Prime Contractor			Project Name & Location				Contracting Public Authority						
Check if subcontractor <input type="checkbox"/>		Week Ending			Payroll #				Project Number						
									Page _____ Of _____						
1. Employee Name, Address and Social Security Number	2. Work Class	3. Hours Worked - Day & Date			4. Project Total Hrs	5. Base Rate	6. Project Gross	7. Fringes: Cash Approved Plans Cash & Approved Plans			8. Total Hours All Jobs	9. Total Gross All Jobs	10. Taxes Withheld	11. Other Deducts	12. NET Paid
		OT						H&W	Pens	Vac	App	Other			
		ST													
		OT													
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Date \_\_\_\_\_ My signature on this form signifies that I pay, or supervise the payment of the employees shown above. I am certifying: 1) That during the pay period reported on this form, all hours worked on this project have been paid at the appropriate prevailing wage rate for the class of work done. 2) That the fringe benefits have been paid as indicated above. 3) That no rebates or deductions have been or will be made, directly or indirectly from the total wages earned, other than permissible deductions as defined in the Ohio Revised Code Chapter 4115. 4) That apprentices are registered with the U.S. Department of Labor, Bureau of Apprenticeship and Training. The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution.

Name and Title \_\_\_\_\_

Signature \_\_\_\_\_

## **FRINGE BENEFITS**

PLEASE COMPLETE THIS FORM AND RETURN TO THE ADDRESS BELOW.  
MARK EITHER "BENEFITS ARE ALL PAID IN CASH" BOX OR THE "BENEFITS  
PAID TO PROGRAMS" BOX AND COMPLETE OTHER INFORMATION.

FRINGE BENEFITS ARE ALL PAID IN CASH TO THE EMPLOYEE.

FRINGE BENEFITS ARE PAID TO BENEFIT PROGRAMS:

HEALTH & WELFARE PLAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PENSION PLAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

APPRENTICESHIP PROGRAM: \_\_\_\_\_

YOUR COMPANY IS    UNION    NONUNION

FORWARD A BLANK FORM TO EACH SUB-CONTRACTOR ON THE PROJECT  
FOR COMPLETION. RETURN ALL FORMS TO:

George Sydlowski, Prevailing Wage Coordinator

1049 S. McCord Rd

Holland, OHIO 43528

CONTRACTOR

NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

# **Monthly Contract Information Report**

Contractors and all of their sub contractors must provide a monthly worker report for their project. You may submit either an Input Form 29 or an Employment Utilization Form

## **Ohio Construction Contract Information Report – Input Form 29 (I-29)**

**Effective September 1, 2007** - All prime and subcontractors, **regardless of the number of employees employed by the company or state contract dollar amount**, are required to submit the Input Form 29 covering the contractor's total workforce within the State of Ohio.

The report must be filed by the 10<sup>th</sup> of each month, beginning with the contract award and continuing until the contractor or subcontractor completes the performance of the state contract.

Instructions and an example report follows.

## **Employment Utilization Form**

If you do not want to fill out an I-29, then you may also submit some form of an Employment Utilization form (an example follows in this packet)

# MONTHLY EMPLOYMENT UTILIZATION REPORT

Name, Address, and Phone number of Contractor
---

Projection Description/Name
Contract Number

Reporting Period
From _____
To _____

CONSTRUCTION TRADE (please identify)	Classifications	Total Construction Hours	Employment Breakdown								Percentages		Employees					
			Caucasian		Black (not of Hispanic Origin		Hispanic		Asian or Pacific Islander		American Indian or Alaskan Native		Minority %	Female %	Total Number of Employees		Total Number of Minority Employees	
			M	F	M	F	M	F	M	F	M	F			M	F	M	F
Journey Worker																		
Apprentice																		
Trainee																		
<b>SUB-TOTAL</b>																		
Journey Worker																		
Apprentice																		
Trainee																		
<b>SUB-TOTAL</b>																		
Journey Worker																		
Apprentice																		
Trainee																		
<b>SUB-TOTAL</b>																		
Journey Worker																		
Apprentice																		
Trainee																		
<b>SUB-TOTAL</b>																		
Journey Worker																		
Apprentice																		
Trainee																		
<b>SUB-TOTAL</b>																		
<b>Total Journey Worker</b>																		
<b>Total Apprentices</b>																		
<b>Total Trainees</b>																		
<b>Grand Total</b>																		

COMPANY OFFICIAL'S SIGNATURE AND TITLE	DATE SIGNED
--	-------------

PAGE _____ of _____
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## STATEMENT OF COMPLIANCE

Date: \_\_\_\_\_

Project No: \_\_\_\_\_  
County \_\_\_\_\_

I, \_\_\_\_\_, do hereby state;  
(Name of signatory party) (Title)

**(A) FEDERAL**

issued by the Secretary of Labor under the Copeland Act as amended (48 Stat. 948.63 Stat.108.72 Stat. 967;76 State 357; 40 USC 276c)

**(B) STATE**

OR as defined in the Ohio Revised Code, Chapter 4115, and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

**(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGAMS**

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

**(B) WHERE FRINGE BENEFITS ARE PAID IN CASH**

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

### **(C) EXCEPTIONS**

Exceptions (Craft)	Explanation

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

## FOR STATE & FEDERAL FUNDED PROJECTS

FORM WH-248(9/00)

## **Affidavit Of Compliance PREVAILING WAGES**

I, \_\_\_\_\_  
(Name of person signing affidavit)(Title)

do hereby certify that the wages paid to all employees of  
\_\_\_\_\_  
(Company Name)

for all hours worked on the  
\_\_\_\_\_  
(Project name and location)

project, during the period from \_\_\_\_\_ to \_\_\_\_\_ are in  
(Project Dates)

compliance with prevailing wage requirements of Chapter 4115 of the Ohio Revised Code.

I further certify that no rebates or deductions have been or will be made, directly or indirectly,  
from any wages paid in connection with this project, other than those provided by law.

\_\_\_\_\_  
(Signature of Officer or Agent)

Sworn to and subscribed in my presence this \_\_\_\_\_ day of  
\_\_\_\_\_,  
20 \_\_\_\_\_.  
\_\_\_\_\_

(Notary Public)

**The above affidavit must be executed and sworn to by the officer or agent of the  
contractor or subcontractor who supervises the payment of employees. This affidavit  
must be submitted to the owner (public authority) before the surety is released or final  
payment due under the terms of the contract is made.**

# OWNER/OPERATOR AFFIDAVIT

## PROJECT INFORMATION

PROJECT NAME:		COUNTY CONTACT#:
---------------	--	------------------

## 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.