

PROJECT NAME				PROJECT NO. or CONTRACT NO.				PAYROLL NO.				PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME							
PROJECT LOCATION								WEEK ENDING DATE				CERTIFYING OFFICIAL'S NAME AND TITLE							
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:																			
<input type="checkbox"/>		The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.																	
<input type="checkbox"/>		All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.																	
<input type="checkbox"/>		The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.																	
<input type="checkbox"/>		Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.																	
APPRENTICESHIP PROGRAM NAME								REGISTERED				NAME OF LABOR CLASSIFICATION							
								<input type="checkbox"/> OA		<input type="checkbox"/> SAA									
								<input type="checkbox"/> OA		<input type="checkbox"/> SAA									
								<input type="checkbox"/> OA		<input type="checkbox"/> SAA									
<input type="checkbox"/>		Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.																	
HOURLY CREDIT FOR FRINGE BENEFITS																			
If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.																			
NAME OF WORKER		FB NAME				FB NAME				FB NAME				FB NAME				TOTAL HOURLY CREDIT	
		FB TYPE				FB TYPE				FB TYPE				FB TYPE					
		PLAN NO.				PLAN NO.				PLAN NO.				PLAN NO.					
		<input type="checkbox"/> Funded		<input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded		<input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded		<input type="checkbox"/> Unfunded		<input type="checkbox"/> Funded		<input type="checkbox"/> Unfunded			
		Hourly Credit		\$		Hourly Credit		\$		Hourly Credit		\$		Hourly Credit		\$		\$	
		Hourly Credit		\$		Hourly Credit		\$		Hourly Credit		\$		Hourly Credit		\$		\$	
		Hourly Credit		\$		Hourly Credit		\$		Hourly Credit		\$		Hourly Credit		\$		\$	
		Hourly Credit		\$		Hourly Credit		\$		Hourly Credit		\$		Hourly Credit		\$		\$	
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		Hourly Credit		\$		Hourly Credit		\$		Hourly Credit		\$		Hourly Credit		\$		\$	
		Hourly Credit		\$		Hourly Credit		\$		Hourly Credit		\$		Hourly Credit		\$		\$	
<input type="checkbox"/>		All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.																	
ADDITIONAL REMARKS																			
SIGNATURE OF CERTIFYING OFFICIAL								DATE				TELEPHONE NUMBER				EMAIL ADDRESS			
												(____) ____ -____							
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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.																			