

PRIME CONTRACTOR  SUBCONTRACTOR

Business Name (DBA):		Phone: (     )		CCB Registration Number:	
Project Name:		Project Number:		Type of Work:	
Street Address:			Project Location:		
Mailing Address:			Project County		

Date Pay Period Began: \_\_\_\_\_ Date Pay Period Ended: \_\_\_\_\_

<p align="center"><b>THIS SECTION FOR PRIME CONTRACTORS ONLY</b></p> <p>Public Contracting Agency Name: Phone: (     ) Date Contract Specifications First Advertised for Bid: Contract Amount:</p>	<p align="center"><b>THIS SECTION FOR SUBCONTRACTORS ONLY</b></p> <p>Subcontract Amount: Prime Contractor Business Name (DBA): Prime Contractor Phone: (     ) Prime Contractor's CCB Registration Number: Date You Began Work on the Project:</p>
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(1)	(2)		(3) DAY AND DATE						(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
NAME AND ADDRESS OF EMPLOYEE	TRADE, CLASSIFICATION (INCLUDE GROUP # IF APPLICABLE)		HOURS WORKED EACH DAY						TOTAL HOURS	BASE HOURLY RATE OF PAY	HOURLY FRINGE BENEFIT AMOUNTS PAID AS WAGES TO EMPLOYEE	GROSS AMOUNT EARNED	TOTAL DEDUCTIONS FICA, FED, STATE, ETC.	NET WAGES PAID FOR WEEK	HOURLY FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND, OR PROGRAM	NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM	
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**THIS FORM CONTINUED ON REVERSE**

(1)	(2)	(3) DAY AND DATE							(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
NAME AND ADDRESS OF EMPLOYEE	TRADE, CLASSIFICATION (INCLUDE GROUP # IF APPLICABLE)							TOTAL HOURS	BASE HOURLY RATE OF PAY	HOURLY FRINGE BENEFIT AMOUNTS PAID AS WAGES TO EMPLOYEE	GROSS AMOUNT EARNED	TOTAL DEDUCTIONS FICA, FED, STATE, ETC.	NET WAGES PAID FOR WEEK	HOURLY FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND, OR PROGRAM	NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM	
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**CERTIFIED STATEMENT**

I, \_\_\_\_\_ DO HEREBY STATE:  
(NAME OF SIGNATORY PARTY) (TITLE)

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY: \_\_\_\_\_ ON THE \_\_\_\_\_  
(CONTRACTOR, SUBCONTRACTOR OR SURETY) (BUILDING OR WORK)

THAT DURING THE PAYROLL PERIOD COMMENCING ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ AND ENDING THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_  
(MONTH) (YEAR) (MONTH) (YEAR)

ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID \_\_\_\_\_ FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON, AND THAT  
(CONTRACTOR, SUBCONTRACTOR OR SURETY)

NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS SPECIFIED IN ORS 652.610, AND DESCRIBED AS FOLLOWS:

(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 WORKERS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED IN THE CONTRACT; THAT THE CLASSIFICATION SET FORTH THEREIN FOR EACH WORKER CONFORMS WITH WORK 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.

I HAVE READ THIS CERTIFIED STATEMENT, KNOW THE CONTENTS THEREOF AND IT IS TRUE TO MY KNOWLEDGE.

\_\_\_\_\_  
NAME AND TITLE

\_\_\_\_\_  
SIGNATURE

**NOTE TO CONTRACTORS:** YOU MUST ATTACH COPIES OF THIS FORM TO EACH OF YOUR PAYROLL SUBMISSIONS ON THIS PROJECT. SEE THE BOLI PUBLICATION PREVAILING WAGE RATES FOR PUBLIC WORKS CONTRACTS IN OREGON FOR INSTRUCTIONS ON COMPLETING THIS FORM.

**FILE THIS FORM WITH THE CONTRACTING AGENCY**