

NOTICE TO PUBLIC ENTITY

For Privacy Considerations

(Paper Size then 8 1/2 x 11 inches)

STATEMENT OF COMPLIANCE

PAYROLL NUMBER	PAYROLL PAYMENT DATE	CONTRACT NUMBER / OCC FILE NUMBER
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DATE: _____

I, _____, _____, the undersigned, do
(Name of Signatory Party - Print) *(Title of Position in Business)*
certify under penalty of perjury and do hereby state:

(1) That I pay or supervise the payment of the persons employed by _____ on the _____
(Contractor or Subcontractor) *(Building or Project Name)*

that during the payroll period commencing on the _____ day of _____, 20____ and ending the _____ day of _____, 20____ all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be deducted directly or indirectly to or on behalf of said _____ from the full

(Contractor or Subcontractor)
weekly wages earned by any person, other than permissible deductions as defined in Code of Federal Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act as amended (48 Stat. 948.63 Stat. 108.72 Stat. 967.76 Stat. 357; 40 U.S.C. 276c; and applicable California Labor Code Sect. 1775-1777.7) and as described below:

(2) That any and all payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that basic trade wage rates 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 trade rate conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with California's Division of Apprenticeship Standards which is recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or are registered with the previously mentioned Bureau of Apprenticeship and Training, U.S. DOL.

(4) That:
(a) **WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS**
In addition to the basic hourly wage rates paid to each worker 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(d) below.

(b) **WHERE BENEFITS ARE PAID TO A CORPORATE OR PRIVATE PLAN OR TRUST**
Benefits are detailed on the reverse side of this page on the Payroll Reporting Form.

(c) **WHERE BENEFITS ARE PAID IN CASH**
Each worker 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(d) below.

(d) **EXCEPTIONS**

Exceptions (Craft)	Explanation

Remarks:

NAME AND TITLE (PRINT)	SIGNATURE
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The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 or Title 16 and Section 231 of Title 31 of the United States Code; CA Penal Code 12650-12656 and California Labor Code Sect. 1726, 1771.5, 1777.7, 1775 and 1813.