

AUTHORIZATION TO EXECUTE THE
"WEEKLY STATEMENT OF COMPLIANCE"

It is certified that _____ is completely familiar with the State's Labor Wage. Determinations which apply to _____ (project name), and thereby is charged with full authority and approval, on behalf of the undersigned, to compile the required weekly payroll documentation and to execute the "Weekly Statement of Compliance" for laborers and mechanics working on the site of this project.

Signature of Authorized Person

Name of Firm

Signature of Owner/Partner/Officer

Title

Date

This authorization must be executed by the owner, one of the partners, and/or an officer of the corporation.