STATE OF NEW YORK
DEPARTMENT OF LABOR
BUREAU OF PUBLIC WORK

_____
CASE ID #

_____
PRC #
OFFICIAL USE ONLY

CERTIFICATION OF OFFICER OF CONTRACTOR OR SUBCONTRACTOR

I, _____, am an officer with the title
NAME OF OFFICER
of _____ in the firm of _____
and am authorized by that firm to sign and swear to the validity and accuracy of the statements below:

(1) I pay or supervise the payment of laborers, workers and mechanics employed by _____ on the _____ project. During the payroll period commencing on the _____ day of _____ 20 and ending the _____ day of _____ 20 , all laborers, workers and mechanics employed on said project were paid the wages and supplements recorded as earned on the attached payroll records. No deductions have been made either directly or indirectly from the wages and supplements other than deductions shown on the payroll records.

(2) The payroll records submitted for the above period and attached hereto are correct and complete. The number of hours shown for each employee reflects the actual hours worked by that employee. The classification shown for each employee is accurate and conforms with the work he or she performed.

Signed _____

Title of Officer _____

Name of Firm _____

Address _____

_____

_____

_____

Sworn to before me this

_____day of _____ 20____

_____
NOTARY PUBLIC OR OFFICIAL AUTHORIZED TO ADMINISTER OATHS

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE SIGNATORY OF THIS CERTIFICATION AND CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.