PRIME CONTRACTOR		SUB	CONT	RACT	ΓOR												
Business Name (DB)	A):									Ph	one: ()			CCB Regis	stration Number:	
Project Name:						Proj	ect N	Number	r:				Type	of Work:			
Street Address:										Project Location:							
Mailing Address:										Project County							
Date Pay Period Began: Date Pay Pe										iod Ended:							
THIS SECTION FOR PRIME CONTRACTORS ONLY Public Contracting Agency Name: Phone: () Date Contract Specifications First Advertised for Bid: Contract Amount:										THIS SECTION FOR SUBCONTRACTORS ONLY Subcontract Amount: Prime Contractor Business Name (DBA): Prime Contractor Phone: () Prime Contractor's CCB Registration Number: Date You Began Work on the Project:							
(1)	(2)	<u> </u>		(3)	DAY	AND [DATE	<u> </u>	(4)	(5)	(6)		(7)	(8)	(9)	(10)	(11)
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE**	TRADE, CLASSIFICATION (INCLUDE GROUP # & APPRENTICESHIP STEP IF APPLICABLE)		н	OURS	WOF	RKED E	ACH	DAY	TOTAL HOURS	BASE HOURLY RATE OF PAY	HOURL FRINGI BENEFI AMOUNTS AS WAGES	E IT PAID S TO	GROSS AMOUNT EARNED	ITEMIZED 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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^{*} Although this form has not been officially approved by the US. Department of Labor, it is designed to meet the requirements of both the state PWR law and the federal Davis-Bacon Act.

^{**} Social Security Number is required only for Davis-Bacon projects.

CERTIFIED STATEMENT

Date:	In addition to completing (1) - (3), if your project is subject to the federal Davis-Bacon Act requirements, complete the following section as well:
(NAME OF SIGNATORY PARTY) (TITLE)	Davon Act requirements, complete the following section as well.
do hereby state:	(4) That:
(1) That I pay or supervise the payment of the persons employed by:	(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
(CONTRACTOR, SUBCONTRACTOR OR SURETY) on the; that during the payroll period (BUILDING OR WORK) commencing on the day of,, and ending the day	 In addition to the basic hourly wage rates paid to each laborer or mechanic 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(c) below.
(MONTH) (YEAR) of, all persons employed on said project have been paid the (MONTH) (YEAR)	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
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 from the (CONTRACTOR, SUBCONTRACTOR OR SURETY) full weekly wages earned by any person, and that 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 as defined in Regulations, Part 3 (29 CRF Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat.	□ - Each laborer or mechanic 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(c) below. (c) EXCEPTIONS EXPLANATION
Stat. 967, 76 Stat. 357; 40 U.S.C. 276c), and described below:	
(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 into the contract; that the classifications set forth therein for each worker conform 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.	REMARKS:
I HAVE READ THIS CERTIFIED STATEMENT; KNOW THE CONTENTS THEREOF AND IT IS TRUE TO MY KNOWLEDGE.	NAME AND TITLE SIGNATURE
(NAME AND TITLE)	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 231 OF TITLE 31 OF THE UNITED STATES
(SIGNATURE AND DATE)	CODE.

FILE THIS FORM WITH THE CONTRACTING AGENCY

NOTE TO CONTRACTORS: YOU MUST ATTACH COPIES OF THIS FORM TO EACH OF YOUR PAYROLL SUBMISSIONS ON THIS PROJECT. INSTRUCTIONS AND ADDITIONAL FORMS ARE AVAILABLE ON OUR WEBSITE: WWW.OREGON.GOV/BOLI.