

**CITY OF PHOENIX, STREET TRANSPORTATION DEPARTMENT
LABOR STANDARDS CERTIFICATION**

Project Name _____ Project Number _____

Contractors Name: _____

has been contracted by _____
(Firm/Agency/Prime Contractor/Subcontractor)

as a (Check One) Prime Contractor Subcontractor Lower –Tier

Contract Dollar Amount: \$ _____

Construction Start Date: _____ Anticipated End Date: _____

As a legally authorized representative of the company, I certify/acknowledge that:

1. The **Labor Standards Provisions, 29 CFR - Part 3, 29 CFR - Part 5, and the General Wage Decision** for this project have been incorporated into the aforesaid contract. I have reviewed these documents, along with the City of Phoenix, Labor Compliance **Instructions for Contractors** packet.
2. Neither the above contracted company nor any person or firm who has an interest in the contractor's firm is ineligible to be awarded Government contracts by virtue of Section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1).
3. No part of this contract shall be subcontracted to any person or firm ineligible for award of a Government contract by virtue of Section 3(a) of the Davis Bacon Act or 29 CFR 5.12(a)(1) and the **Labor Standards Provisions, 29 CFR, Part 3; 29 CFR Part 5; and the General Wage Decision** for this project shall be incorporated into any such subcontract.
4. The penalty for making a false statement is prescribed in the U. S. Criminal Code, 18 U.S.C. 1001.
5. The legal name, address and business phone for the company contracted therein is:

Name: _____

Address: _____

Telephone No: _____ Fax No: _____

E-Mail Address: _____

6. Contractor's License No: _____ Expiration Date: _____

DUNS No: _____ Federal Tax ID No: _____

LCP Tracker USER ID No: _____
(If applicable)

7. The business is (Check One) Proprietorship
 Partnership
 a Corporation, incorporated in the state of _____
 a Division of subsidiary of _____
 Other organization (describe) _____
8. The legal names, titles, addresses, and telephone numbers of the owner(s), partners, or officers of the company are:

9. A representative (check one) (did) (did not) attend the Labor Compliance Pre-construction Conference held on _____ to provide technical assistance for complying with the Federal Labor Standards.
10. I have reviewed the contract wage determination and have identified the following:
 a) Description of work to be performed:

- b) List the trade classifications from the wage schedule that you will utilize to perform the work described above. Missing trades will require *A Request for Additional Classification & Wage Rate*.

11. Fringe Benefit Payment Information
- | | | |
|---|---|---|
| Y | N | Fringe benefit portion of wage rate is paid in cash or on the check |
| Y | N | Fringe benefit is paid into an approved plan, fund or program. (If yes, complete Exhibit A) |
| Y | N | Fringe benefit is paid under terms of a Labor Agreement. (If yes, complete Exhibit B) |
12. Transportation of Materials:
 Y N Company will perform trucking or hauling services “to” or “from” the federally funded assisted project? (If yes, complete Exhibit C)

13. Truck Owner Operator:

Y N

A Truck Driver will be contracted who is an Owner AND Operator of their own truck (If yes, complete Exhibit D)

CERTIFICATION SIGNATURE

I certify that I have reviewed the above statements and that, to the best of my knowledge, these statements are correct.

Signature of Corporate Officer/Owner

Title

Printed Name

Date

OFFICER OR EMPLOYEE APPOINTED TO SUPERVISE PAYMENT OF EMPLOYEES

The designated appointee, _____, whose original signature appears below, is appointed to supervise the payment of employees for the company, beginning on _____. The appointee is in a position to have full knowledge of the facts set forth in the payroll documents, and in the Statement of Compliance required by the Copeland Act, which the appointee is to execute, and has the full authority and approval until such time a new appointment is submitted to the City Labor Compliance for the purposes stated above.

APPOINTEE'S ACKNOWLEDGEMENT

This is to certify that I have read and do understand the Labor Standards Provisions and related matters as they apply to the project herein stated.

Signature of Appointee

Title

Printed Name

Date

Appointee's E-mail Address: _____

Appointee's Phone Number: _____

NOTE: This form must be executed by an authorized officer of the corporation or by a member of a partnership, and shall be executed and be submitted prior to the first payroll report. Should the appointee be changed, a new authorization must accompany the first payroll for which the new appointee executes a Statement of Compliance as required by The Copeland Act.

For Office Use Only

According to the appropriate Contract Provisions, the Labor Compliance Supervisor has approved the subletting of the contractor stated above.

Signature

Date _____

Subcontract Agreement on file

Enrolled into LCP Tracker

Notification Acceptance / Approval sent