

Prime Contractor Affidavit of Compliance With Prevailing Wage Rate Determination

Personally identifiable information may be used for secondary purposes.
(See Section 15.04(1)(m), Wisconsin Statutes for details.)

This form must **ONLY** be filed with the **Awarding Agency** indicated below.

State Of _____) _____)SS County Of _____)

Project Name: _____

Project # : _____ Determination # : _____

Date Determination Issued: _____

Awarding Agency: _____

Date Of Subcontract: _____

After being duly sworn, the person whose name and signature appears below hereby states under penalty of perjury that

- **I am** the duly authorized officer of the corporation, partnership, sole proprietorship or business indicated below and have recently completed all of the work required under the terms and conditions of a contract with the above-named awarding agency and make this affidavit in accordance with the requirements set forth in Section 66.0903(9)(c) or 103.49(4r)(c), Wisconsin Statutes and Chapter DWD 290 of the Wisconsin Administrative Code in order to obtain FINAL PAYMENT from such awarding agency.
- **I have** fully complied with all of the wage and hour requirements applicable to this project, including all of the requirements set forth in the prevailing wage rate determination indicated above which was issued for such project by the Department of Workforce Development on the date indicated above.
- **I have** received the required affidavit of compliance from each of my agents and subcontractors that performed work on this project and have listed each of their names and addresses on page 2 of this affidavit.
- **I have** full and accurate records that clearly indicate the name and trade or occupation of every worker(s) that I employed on this project, including an accurate record of the hours worked and actual wages paid to such worker(s).
- **I will** retain the records and affidavit(s) described above and make them available for inspection for a period of at least three (3) years from the completion date indicated above at the address indicated below and shall not remove such records or affidavit(s) without prior notification to the awarding agency indicated above.

Name of Corporation, Partnership, Sole Proprietorship or Business

Address (Include Street or P.O. Box, City, State and ZIP Code)

PRINT Name of Authorized Officer

Date Signed

Signature of Authorized Officer

Telephone Number

The statutory authority for the use of this form is prescribed in Sections 66.0903(9)(c) and 103.49(4r)(c), Wisconsin Statutes.

The use of this form is mandatory.

The penalty for failing to complete this form is prescribed in Section 103.005(12), Wisconsin Statutes.

List of Agents and Subcontractors

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (_____) _____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (_____) _____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (_____) _____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (_____) _____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (_____) _____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (_____) _____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (_____) _____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (_____) _____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (_____) _____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (_____) _____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (_____) _____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (_____) _____