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.

ERD-5724 (R. 02/2001)  

FORM 530-1R-PCAC
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>