State of Wisconsin
Department of Workforce Development
Equal Rights Division

## Agent or Subcontractor 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 Contractor indicated below.

This form must one in	SG WILL THE FUNDIO	ing contractor materials solow.
	Project Name:	
State Of)	Project # :	Determination # :
)SS	Date Determinati	ion Issued:
County Of)		ctor:
	Date Of Subcont	ract:
	Date Work Comp	pleted:
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 subcontract with the above-named awarding contractor and make this affidavit in accordance with the requirements set forth in Section 66.0903(9)(b) or 103.49(4r)(b), Wisconsin Statutes and Chapter DWD 290 of the Wisconsin Administrative Code in order to obtain FINAL PAYMENT from such awarding contractor.  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 contractor.		
Name of Corporation, Partnership, Sole Proprietorship or Business		
	17100	
Address (Include Street or P.O. Box, City, S	tate and ZIP Gode	
PRINT Name of Authorized Officer		Date Signed
	4	( )
Signature of Authorized Officer		Telephone Number
The statutory authority for the use of this for Wisconsin Statutes. The use of this form is mandatory.	m is prescribed in	Sections 66.0903(9)(b) and 103.49(4r)(b),

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

ERD-10584 (R. 02/2001)