

**MINNESOTA DEPARTMENT OF TRANSPORTATION
 CONTRACTOR - SUBCONTRACTOR'S
 STATEMENT OF COMPLIANCE
 FEDERAL COPELAND ACT / DAVIS BACON ACT
 MINNESOTA PREVAILING WAGE STATUTES**

REPORT NUMBER 1	STATE PROJECT NUMBER(S) 65498-32	DATE 09/03/2009
CONTRACTOR / SUBCONTRACTOR ABC Contractors		PHONE NUMBER (555) 555-5555
CONTRACT NUMBER 65498-32		FEDERAL PROJECT NUMBER 72-B
ADDRESS 210 Lakeview Road Sometown, PA 99999		
TYPE OF WORK Building or Work		

(Complete as described on proposal)

STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAID

I, Cory Smith President do hereby state:
 (Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by ABC Contractors on said Contract; that during the payroll period commencing on the 24 day of August of the year 2009 and ending the 30 day of August of the year 2009 there were employees performing covered work on said Contract. That all persons performing work under said Contract are listed on the payroll and have been paid the full prevailing wages for all hours worked under said Contract, that no rebates and or deductions have or will be made either directly or indirectly to or on behalf of said ABC Contractors from the full wages earned by any person, other than permissible deductions as defined in (Contractor or Subcontractor) Regulations, Part 3 (29 CFR Subtitle A), issued by the U.S. Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76; Stat. 357; 40 U.S.C. 276c); and/or permissible deductions as defined in Minnesota Statutes 177.24, Subdivision 4, 181.06, and 181.79, issued by the Minnesota Commissioner of Labor and Industry and described below.

DESCRIBE LEGAL DEDUCTIONS

Enter permissible deductions here
Enter permissible deductions here
Enter permissible deductions here
Enter permissible deductions here

(2) That the payroll submitted under said Contract is complete and accurate; that the wage rate(s) of the laborer(s), mechanic(s), and worker(s) performing work under said Contract is (are) paid according to the wage determination(s) and labor provisions incorporated in said Contract according to applicable laws; that wages paid to laborer(s), mechanic(s), and worker(s) performing work under said Contract is at least the prev wage rate for the most similar classification of labor performed as defined under applicable law; and that the laborer(s), mechanic(s), and work performing work under said Contract is (are) paid for all hours in excess of the prevailing hours at a rate of at least one and one-half times the applicable base rate of pay.

(3) That any apprentices employed during said payroll period are duly registered in a bona fide apprenticeship program registered with the Minn Department of Labor and Industry, or are registered with the Bureau of Apprenticeship and Training; United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO ANY APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer, worker or mechanic listed on said payroll, payments to current, bona fide fringe benefit programs as set forth in paragraph 4(d), have been or will be made to the program's administrators as set forth in paragraph 4(e) for the benefit of said employees, except as noted in Section 4(c).

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH TO ALL EMPLOYEES

Each laborer, worker, or mechanic listed on said payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic rate plus the fringe rate as listed in the appropriate wage determination incorporated into said Contract.

NOTE----FRINGE BENEFIT SECTIONS C, D, E AND SIGNATURE BLOCK IS ON REVERSE SIDE.

(c) EXCEPTIONS

EMPLOYEE NAME/CLASSIFICATION/OCCUPATION	EXPLANATION
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here
Enter exceptions here	Enter explanations here

(d) BENEFIT PROGRAM INFORMATION in DOLLARS CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked.)

PROGRAM TITLE, CLASSIFICATION TITLE, OR INDIVIDUAL EMPLOYEES	HEALTH/WELFARE	VACATION/HOLIDAY	APPRENTICESHIP/TRAINING	PENSION	OTHER INCLUDE TITLE
All Work Classifications	3.55	.75	.25	2.45	

(e) BENEFIT PROGRAM INFORMATION (Must be completed if 4(a) is checked.)

NAME AND ADDRESS OF FRINGE BENEFIT FUND, PLAN, OR PROGRAM ADMINISTRATOR	BENEFIT ACCOUNT NUMBER	THIRD PARTY TRUSTEE AND/OR CONTACT PERSON	TELEPHONE NUMBER
ABC Health Insurance Company	Acct # 12345234	Contact Mr. John Insurer	123-123-2345

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under federal and/or state law. See Minnesota Statute 16B, 161.315, Subdivision 2, 177.43, Subdivision 5, 177.44, Subdivision 6, 609.63; or United States Code 18 U.S.C. 1001, 31 U.S.C. 231, CFR 5.12.

NAME AND TITLE OF CONTRACTOR'S REPRESENTATIVE	SIGNATURE
Cory Smith President	

As a representative of the contractor submitting the payroll identified above, I hereby certify that the payroll is true and correct to the best of my knowledge.

NOTE: For information regarding this form, submission of payroll records, or copies of the laws stated above, contact the Minnesota Department of Transportation, Labor Compliance Unit, Mail Stop 650, 395 John Ireland Boulevard, St. Paul, Minnesota 55155-1899, or call (651) 366-4204