

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

Table with 3 columns: REPORT NUMBER, STATE PROJECT NUMBER(S), DATE, CONTRACTOR / SUBCONTRACTOR, PHONE NUMBER, CONTRACT NUMBER, ADDRESS, FEDERAL PROJECT NUMBER, TYPE OF WORK.

(Complete as described on proposal)

STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAID

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

(1) That I pay or supervise the payment of the persons employed by Sample Company on said Contract; that during the payroll period commencing on the 15 day of September of the year 2018, and ending the 21 day of September of the year 2018, there were 4 workers 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 Sample Company from the full wages earned by any person, other than permissible deductions as defined in (Prime 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. 3145); 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

Four horizontal lines for describing legal deductions.

(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 and according to applicable laws; that wages paid to laborer(s), mechanic(s), and worker(s) performing work under said Contract is at least the prevailing wage rate for the most similar classification of labor performed as defined under applicable law; and that the laborer(s), mechanic(s), and worker(s) 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 Minnesota Department of Labor and Industry, or are registered with the Bureau of Apprenticeship and Training; United States Department of Labor.

(4) That: (Check one box only)

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

[X] 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 WORKERS

[X] 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 PAGE 2.

(c) EXCEPTIONS

WORKER NAME/CLASSIFICATION/OCCUPATION	EXPLANATION
Enter any exceptions here	Enter any explanations here
Enter any exceptions here	Enter any explanations here
Enter any exceptions here	Enter any explanations here
Enter any exceptions here	Enter any explanations here
Enter any exceptions here	Enter any 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
Enter any other information here...					

(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
Enter any explanations here			

The willful falsification of any of the above statements may subject the prime contractor or subcontractor to civil or criminal prosecution under federal and/or state law. See Minnesota Statute 15C; 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 (PRINT)	SIGNATURE	DATE
John Smith President	John Smith	

As a representative of the contractor submitting the attached payroll, I hereby certify that the information is true and accurate to the best of my knowledge.

NAME AND TITLE OF PRIME CONTRACTOR (PRINT)	SIGNATURE	DATE

As a representative of the Prime Contractor, I have reviewed the attached forms and certify to the best of my knowledge that they accurately reflect operations of this company on this project and meet the contract requirements for this project.

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.