

STATEMENT OF COMPLIANCE

Contractors & Subcontractors Please Note!!!

SSN MUST be listed for each employee on payroll

CERTIFIED PAYROLL FORM 07-6058

8 AAC 30.020 CERTIFIED PAYROLL. (a) All contractors (including owner/operators) who perform work on a public construction contract for the state or political subdivision of the state shall file with the Department a certified payroll (Form 07-6058) before Friday of each week that covers the preceding week. (b) The certified payroll shall be submitted to the Department's regional office in the region in which the work is performed.

Region I, North of N63 °
 Labor Standards & Safety Division, DOLWD
 675 7th Avenue, Station J-1
 Fairbanks, AK 99701-4593
 (907) 451-2886 Fax (907) 451-2885

Region II, South of N63 °
 Labor Standards & Safety Division, DOLWD
 3301 Eagle Street, Suite 301
 Anchorage, AK 99503-4149
 (907) 269-4900 Fax (907) 269-4915

Region IIA, Southeast Alaska (from Yakutat south)
 Labor Standards & Safety Division, DOLWD
 P.O. Box 111149
 1111 W. 8th, Room 302
 Juneau, AK 99811-1149
 (907) 465-4842 Fax (907) 465-3584

In lieu of submitting Form 07-6058, contractors may submit his/her payroll form. THE FORM MUST CONTAIN SOCIAL SECURITY NUMBERS FOR EACH EMPLOYEE. The contractor's payroll record must contain the same information required on this form.

Sec. 35.05.040 requires that all contractors or subcontractors who perform work on a public construction contract for the state or for a political subdivision of the state shall, **BEFORE FRIDAY OF EACH WEEK**, file with the Department of Labor and Workforce Development (DOLWD), a sworn affidavit for the previous week, setting out in detail the number of workers employed, wages paid each week, job classification of each employee, hours worked each day and week, and other information which the DOLWD requires.

CONTRACTORS WHO DISREGARD THEIR OBLIGATIONS TO THEIR EMPLOYEES, INCLUDING PAYMENT OF THE APPROPRIATE PREVAILING RATES OF PAY, UNCONDITIONAL PAYMENT, AND PAYMENT NOT LESS THAN ONCE A WEEK BE DEBARRED FROM PUBLIC CONSTRUCTION.

Date: **10/27/2010**

I, **Nancy Smyth** (Name of Signatory Party), **COA** (Title) do hereby state:

- (1) That I pay or supervise the payment of persons employed by **Alaska Construction** on the **Customer One Federal Project # State Project # .;** that during the payroll period commencing on **10/02/2000** and ending on **10/08/2000** , all persons employed on said project have been paid full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said **Alaska Construction** from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions, or projects covered by Alaska Statute 36 as defined in regulations issued by the Commissioner of Labor; or on Federal Projects as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948; 63 Stat. 108: 72 Stat. 967; Stat. 357; 40 USC 276 (c), and described below:
Deductions are based on gross wages and include but are not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments. Explanations for deductions listed in the "Other" Column are described on the Certified Payroll Report.
 And;
- (2) That **Alaska Construction** is in full compliance with the provisions set forth in AS 36.10, which requires employment preference for Alaska residents as outlined in AS 36.95.010; and
- (3) That any payrolls otherwise under this contract required to be submitted for the above period are correct and

- complete; that the wage rates for laborers, mechanics or field surveyors contained herein are not less than the current applicable wage rates established by the DOLWD, that the classification set forth therein for each laborer, mechanic or field surveyor conforms with the work performed; and
- (4) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such agency exists in the State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor; or
 - (5) That I am a bona fide owner/operator and that my contract amount meets or exceeds the prevailing wage for each hour I have worked. My last progress payment was received on **10/01/2000** for **400**
 - (6) That where fringe benefits are paid to approved plans, funds or programs (check all applicable items)
 (a) In addition to the basic hourly wage rates paid to each laborer, mechanic or field surveyor listed on this payroll, payment of fringe benefits as currently published by the Alaska Department of Labor have been or will be made to a union trust.
 (b) In addition to the basic hourly wage rates paid to each laborer, mechanic or field surveyor listed on this payroll, payments of fringe benefits as currently published by the Alaska Department of Labor have been or will be made to the appropriate programs for the benefit of such workers, except as noted in Section 6(d) below. Fringe benefit payments will be made at least quarterly to an approved plan. The name of the plan is **Fringe Plan Name**

- (c) Each laborer, mechanic or filed surveyor listed on the payroll has been paid, as indicated in the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as currently published by the Alaska Department of Labor, except as noted in Section 6(d).
 (d) Exceptions:

Exception (Craft)	Explanation
Remarks:	
The willful falsification of any of the above statements or information may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of the United States Code. Also see AS 36.05.060.	
Signature (original signature required)	
Name & Title (Print or Type) Nancy Smyth , COA	