

STATEMENT OF COMPLIANCE

County: **County**
 Payroll No.: **1**

Date: **12/21/2004**

I, **Ben Smyth , Systems Analyst** do hereby state:

(1) That I pay or supervise the payment of the persons employed by **Iowa DOT Test** on Contract I.D. No. **Contract ID** ; that during the payroll period commencing on the **05** day of **January, 2003**, and ending the **11** day of **January, 2003**, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said **Iowa DOT Test** from the full weekly wages earned by any person, other than permissible deductions 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; 76 Stat. 357; 40 U.S.C. 276c), and described below:
41

(2) 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 or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
 - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below. Details of the fringe benefit plan, fund, or program shall be furnished to the contracting authority upon request. The submittal shall include description of the benefit amount paid, and if applicable, name of the Trustee or third person to whom the benefits were paid.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
 - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on 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 listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
1	ccc
2	b
3	c
4	d
5	e

6	f
7	g
8	h

REMARKS:

4crem

NAME AND TITLE	SIGNATURE
Ben Smyth , Systems Analyst	
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	

NOTE: Whenever possible the name of employees shall be grouped on the payroll transcript under their appropriate classification:

1. Supervisory and administrative (if included)
2. Skilled labor
3. Intermediate labor
4. Unskilled labor

Payroll transcripts are to be submitted to the project engineer within seven (7) days from the end of the period covered.

The prime contractor shall be responsible for the submission of copies of payrolls of all subcontractors. See Required Contract Provisions Form FHWA-1273.

Date Rec'd Project Engineer's Office _____

Checked by (If Applicable) _____

STATEMENT BY PRIME CONTRACTOR (if applicable)

This payroll for our subcontractor was received on _____, and to the best of our knowledge is correct and complete. If was forwarded to the office of the project engineer on _____.

Signed: _____

Title: _____