

**LABOR STANDARDS CERTIFICATION (1 of 2)**

Revised 8/10/09

**Commerce Contract #:**

**C037-09-10**

This certifies that \_\_\_\_\_  
(Company Name)

has been contracted by: \_\_\_\_\_  
(Firm/Agency)

as a (check one) \_\_\_\_\_ prime contractor \_\_\_\_\_ sub-contractor  
\_\_\_\_\_ lower-tier contractor \_\_\_\_\_ other

Sub-Grantee: **Western Arizona Council of Governments**

Nature of Work: **Weatherization**

Work is expected to begin on: \_\_\_\_\_  
(Month, Day, Year)

As a legally authorized representative of the company, I certify/ acknowledge that:

1. The Labor Standards Provisions, 29 CFR Part 5, Subpart A, and General Wage Decision have been incorporated into the contract between all parties who participate in the above mentioned project.
2. Neither the above contracted company nor any person or firm who has an interest in the contractor's firm is ineligible to the awarded Government contracts by virtue of section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1).
3. No part of this contract shall be subcontracted to any person or firm ineligible for award of a Government contract by virtue of section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1).
4. The penalties for making false statements is prescribed in the U.S. Criminal Code, 18 U.S.C. 1001.
5. The information for the firm contracted is:

Legal Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City/State/Zip)

6. Business Federal Tax ID #: \_\_\_\_\_

7. Contractors License #: \_\_\_\_\_

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8. The contracted firm is a (check one):

\_\_\_\_\_ Proprietorship                      \_\_\_\_\_ Partnership

\_\_\_\_\_ Division or Subsidiary of: \_\_\_\_\_

\_\_\_\_\_ Corporation, incorporated in the state of: \_\_\_\_\_

\_\_\_\_\_ Other (please describe): \_\_\_\_\_

9. The legal names, titles, and addresses of the owner(s), partner(s), or officer(s) of the company are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. The designated appointee, \_\_\_\_\_, whose signature appears below, is appointed to supervise the payment of employees for the company, Beginning on (date) \_\_\_\_\_. Or, at least, this appointee is in a position to have full knowledge of the facts set forth in the payroll documents, the Statement of Compliance, which the appointee is to execute, and with the Copeland Act.

**Notary Public-                      COMPANY OFFICIAL'S CERTIFICATION**

\_\_\_\_\_ (Signature of Company Official)                      \_\_\_\_\_ (Title)

\_\_\_\_\_ (Printed Name)                      \_\_\_\_\_ (Date)

Subscribe and sworn to before me on this date: _____	_____ (Date)
(Signature of Notary Public)	(Commission Expiration Date)

**Notary Public-                      APPOINTEE'S CERTIFICATION**

This is to certify that I have read and do understand the Labor Standards Provisions and related matters as they apply to the project stated.

\_\_\_\_\_ (Signature of Appointee)                      \_\_\_\_\_ (Title)

\_\_\_\_\_ (Printed Name)                      \_\_\_\_\_ (Date)

Subscribe and sworn to before me on this date: _____	_____ (Date)
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(Signature of Notary Public)

(Commission Expiration Date)