

CERTIFIED STATEMENT

Date: 09/28/2012

I, **System Setup->System Preferences-Addresses tab** (*Name of Signatory Party*), **System Setup->System Preferences-Addresses tab** (*Title*) do hereby state:

- (1) That I pay or supervise the payment of the persons employed by **Oregon - Certified Payroll Solution for QuickBooks Demo** (*Contractor, Subcontractor or Surety*) on the **Contractor Two Job Record->Standard->Federal Job Record->Standard->State** (*Building or Work*); that during the payroll period commencing on the **1st** day of **October** (*Month*), **2000** (*Year*), and ending the **7th** day of **October** (*Month*), **2000** (*Year*), 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 **Oregon - Certified Payroll Solution for QuickBooks Demo** (*Contractor, Subcontractor or Surety*) 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 as specified in ORS 652.610, and 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:
{Standard Explanation - Modify it to meet your needs} 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.
- (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 workers 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 worker conform with the work 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.

I HAVE READ THIS CERTIFIED STATEMENT; KNOW THE CONTENTS THEREOF AND IT IS TRUE TO MY KNOWLEDGE.

System Setup->System Preferences-Addresses tab , System Setup->System Preferences-Addresses tab
(NAME AND TITLE)

(SIGNATURE AND DATE)

In addition to completing (1) – (3), if your project is subject to the federal Davis-Bacon Act requirements, complete the following section as well:

(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
- (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 |
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REMARKS:

| NAME AND TITLE | SIGNATURE |
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| System Setup->System Preferences-Addresses tab , System Setup->System Preferences-Addresses tab | |
| 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. | |

**FILE THIS FORM WITH THE PUBLIC AGENCY ASSOCIATED WITH THE PROJECT.
 NOTE TO CONTRACTORS: YOU MUST ATTACH COPIES OF THIS FORM TO EACH OF YOUR PAYROLL SUBMISSIONS ON THIS PROJECT.
 INSTRUCTIONS AND ADDITIONAL FORMS ARE AVAILABLE ON OUR WEBSITE WWW.OREGON.GOV/BOLI**