



STATEMENT OF COMPLIANCE  
(Certification Under Penalty of Perjury)

Date: 6/27/2011

at: Stable Work 2904

I, John Smith

do certify under penalty of perjury:

1) That all of the information in this report is true and correct.

2) That I pay or supervise the payment of the persons employed by Points North (CPW Sample Reports)

on the

Stable Work 2904

for all work in performance of our contract during the duration of the project;

that all persons employed on said project will be paid the full weekly wages earned; that no rebates have been or will be made either directly or indirectly from the full wages earned by any person, other than permissible deductions, as described below:

FICA(Social Security), Medicare, Federal Income Taxes, State Income Taxes, State Disability (SDI), Court-ordered Wage Attachments.

3) That any payrolls otherwise under this contract required to be submitted are correct and complete; that the wage rate 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 performed.

4) That any apprentices employed on the above project are duly registered in a bona fide apprenticeship program registered with, or recognized by, a state apprenticeship agency.

5) 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 the appropriate programs for the benefit of such employees.

Following is a breakdown of the HOURLY fringe benefit contributions:

	<u>Classification</u>	<u>Pension/Annuity</u>	<u>Health &amp; Welfare</u>	<u>Vacation/Holiday</u>	<u>Training</u>	<u>Total OTHER *</u>	<u>Total Fringes / hr</u>
a	Electrician	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b	Laborer	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
c	Operator	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
d							
e							
f							
g							
h							

*	<u>Classification</u>	CASH	Travel	Dental	Sick	Lifeln	<u>Total OTHER</u>
a	Electrician	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b	Laborer	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
c	Operator	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
d							
e							
f							
g							
h							

b) Remarks

Trade/Craft Classification	Explanation

I reaffirm the intent of our company to comply with the requirements of HRS chapter 104, and all applicable federal and State laws during performance of the contract.

Note: If using an ELECTRONIC signature, then the initial submittal must contain both the INKED and ELECTRONIC signatures. Subsequent weeks need only contain the ELECTRONIC one.

Name	John Smith	Title	Owner
			6/27/2011

Signature and Date - INKED

Signature and Date - ELECTRONIC