

**CONTRACTOR/SUBCONTRACTOR  
STATEMENT OF COMPLIANCE AUTHORIZATION**

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

FEDERAL TAX I.D. NUMBER: \_\_\_\_\_

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As owner/partner/officer of the company stated above, I understand that I am required to sign the Statement of Compliance that will accompany each payroll report submitted to the Prime Contractor.

If I am not available to sign the Statement of Compliance, I give authorization to the following individual(s) to sign the Statement of Compliance that will accompany each payroll report submitted to the Prime Contractor:

Name and Job Title of Designee

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Print Name of Owner/Partner/Officer

\_\_\_\_\_  
Signature of Owner/Partner/Officer

\_\_\_\_\_  
Date

**SUBMIT PRIOR TO CONSTRUCTION START DATE**