## DIVISION OF LABOR AFFIDAVIT STANDARDS MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS AFFIDAVIT COMPLIANCE WITH THE PREVAILING WAGE LAW

	, upon being duly sworn upon my oath state that: (1) I am the
(Name)	(2) -11
OI (Title)	; (2) all requirements of (Name of Company)
	ne payment of wages to workers employed on public works projects
•	pany's work on;
	(Name of Project)
(3) I have reviewed and am familiar with the pre-	evailing wage rules in 8 CSR 30-3.010 to 8 CSR 30-3.060; (4) based
upon my knowledge of these rules, including the	e occupational titles set out in 8 CSR 30-3.060, I have completed full
and accurate records clearly indicating (a) the	names, occupations, and crafts of every worker employed by this
company in connection with this project togeth	ner with an accurate record of the number of hours worked by each
worker and the actual wages paid for each class	or type of work performed, (b) the payroll deductions that have been
made for each worker, and (c) the amounts paid	d to provide fringe benefits, if any, for each worker; (5) the amounts
paid to provide fringe benefits, if any, were irre	evocably made to a fund, plan, or program on behalf of the workers;
(6) these payroll records are kept and have be	een provided for inspection to the authorized representative of the
contracting public body and will be available	e, as often as may be necessary, to such body and the Missouri
Department of Labor and Industrial Relations; (	(7) such records shall not be destroyed or removed from the state for
one year following the completion of this compa	any's work on this project; and (8) there has been no exception to the
full and complete compliance with the provis	ions and requirements of Annual Wage Order No Section
	of Labor Standards and applicable to this project located in
·	completed on the day of,
	be best of my information, knowledge, and belief. I acknowledge that
	ove may subject me to criminal prosecution pursuant to \$\\$290.340,
570.090, 575.040, 575.050, or 575.060, RSMo.	,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
370.000, 373.010, 373.030, 01 373.000, 133110.	
	Signature
	Signature
Subscribed and sworn to me this day of	
My commission expires	
	·
Notary Public	
	Receipt by Authorized Public Representative