

Bureau of Wage and Hour Administration 6606 Tussing Road - PO Box 4009 Reynoldsburg, OH 43068-9009 Phone 614-644-2239 | Fax 614-728-8639 TTY/TDD 800-750-0750 www.com.ohio.gov An Equal Opportunity Employer and Service Provider

John R. Kasich, Governor Andre T. Porter, Director

Affidavit Of Compliance with State Prevailing Wage

| I, | |
|---|---------|
| (Name of person signing affidavit) (Title) | |
| do hereby certify that the wages paid to all employees of | |
| (Company Name) | |
| for all hours worked on the | |
| (Project name and location) | |
| project, during the period from to are in (Project Dates) | |
| compliance with prevailing wage requirements of Chapter 4115 of the Ohio Revised Code. I f | urther |
| certify that no rebates or deductions have been or will be made, directly or indirectly, from any | y wages |
| paid in connection with this project, other than those provided by law. | |
| (Signature of Officer or Agent) | |
| Sworn to and subscribed in my presence this day of | |
| 20 | |
| (Notary Public) | |

The above affidavit must be executed and sworn to by the officer or agent of the contractor or subcontractor who supervises the payment of employees. This affidavit must be submitted to the owner (public authority) before the surety is released or final payment due under the terms of the contract is made.

LAW1003

*Prime contractor and all subcontractors submit at the end of the project.