

## PAYMENT OF PREVAILING WAGE AFFIDAVIT

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

I, \_\_\_\_\_ (Affidavit's Name) declare under penalty of perjury under the laws of the State of California that:

1. I am the \_\_\_\_\_ (Officer, Owner, Partner) of \_\_\_\_\_ (Company) and I am responsible for the payment of persons employed by \_\_\_\_\_ (Company) who performed work on the \_\_\_\_\_ (Project).

2. During all payroll periods from \_\_\_\_\_ (first work date) through \_\_\_\_\_ (last work date), all persons employed by \_\_\_\_\_ (Company) on the project have at all times been paid the specific general prevailing rate of per diem wages and any amounts due pursuant to California Labor Code Section 1813.

Signature

Date

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Notary Seal)

Notary Public

Print Name / Commission Expires