

CONTRACTOR'S WAGE CERTIFICATION FORM

THE UNDERSIGNED, _____ (Company) does hereby certify that the Company and all of its subcontractors will pay all workers on the _____ (Project) the wages listed in the **attached** schedule of prevailing wage rates in effect at the time the work of the Project commenced.

Date:

CONTRACTOR

By: _____

Name:

Title:

Duly-authorized

STATE OF CONNECTICUT)
) ss.
COUNTY OF)

At:

On _____, 20____, before me personally appeared _____, to me known, who, being by me duly sworn, did depose and say that s/he is the duly authorized _____ of _____, and that s/he executed this instrument as her/his free act and deed in such capacity.

Commissioner of the Superior Court
Notary Public
My Commission expires:

[Attach DOL wage rates]