DPW-11
3/04

CITY OF MILWAUKEE
PRIME CONTRACTOR AFFIDAVIT OF COMPLIANCE
WITH MINIMUM WAGE SCALE AND SPECIAL AREA WORKER HOURS PROVISIONS

STATE OF_____) Project Name_____
) SS.
_____County) DPW Contract No._____

I,_____, being duly sworn, state that:

1. I am the _____ of _____, a _____
(State)
Corporation, partnership, or individual of _____, _____,
(City, Village, Township) (State)
and make this affidavit pursuant to the provisions of § 66.0903 (9), Wisconsin Statutes, and Wisconsin Administrative Code section §DWD 290.14 regarding wage and fringe benefit rates for municipal contracts for construction of public works and pursuant to Section 309-41 of the Milwaukee Code of Ordinances.

2. I have recently completed the work required under the terms of the contract dated _____, With the City of Milwaukee, Department of Public Works for the construction of all or part of the above-named public works project and make this affidavit in order to obtain my final payment.

3. I have fully complied with the wage and hour requirements as set forth in the above-referenced contract and paid overtime rates (1-1/2 times) for any work over ten (10) hours per day or forty (40) hours per week.

4. I have received similar evidence of compliance with the contract wage rates and special impact area worker hour requirements in the form of completed affidavits from each of my agents and subcontractors who worked on this project and have listed their names on the reverse side of this affidavit along with numbers and percentages of worker hours.

5. I have full and accurate records which clearly show the name, trade or occupation, and home address of every laborer, worker, or mechanic that I employed in connection with the work on this project, as well as the hours worked and actual wage and fringe benefits paid to such employees. These records will be kept at _____ in the custody of _____, whose address and telephone number are _____
_____. These payroll records and evidence of compliance set in Paragraph 4 will be retained and made available for inspection for a period of at least **seven (7)** years following the completion of the project and will not be removed without prior notification to the commissioner of Public Works.

Title	Officer Name	Address
President		
Vice President		
Secretary-Treasurer		

Subscribed and sworn to before me this_____
Day of _____, 20_____

_____
(Notary Signature)

Notary Public, State of _____

My commission Expires: _____

_____
(Contractor Signature)