

AFFIDAVIT CONTRACTOR PERSONALLY PERFORMED WORK

15	, hereby certify that I am
(Name of Signatory Party)	
the	of
(Owner, Partner, President, etc.)	of (Name of Firm Submitting Statement)
and I personally perform the following work:	
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(State all work	or list the specific classes of work)
Please enclose a copy of any of the following business. You may be required to submit re	ng documentation <u>proving the individual's ownership of the</u> nore than one form.
Form 1040 Schedule C IRS Federal ID Number Letter Trade Name Registration Articles of Organization/Incorporation	*Vehicle Registration (Truck Companies Only) *Certificate of Insurance (Truck Companies Only) *Driver's License of Employees (Truck Companies Only)
Hours worked on this job must be submitted it in LCPtracker eDocuments with backup d	electronically via LCPtracker. Please scan this form and upload ocumentation.
If the documentation you provide does Owner/Operator and will be required to pay	not prove ownership, then you will not be considered an and report prevailing wages for yourself.
4	Signature and Title of Owner Date
	Company Name
	Address
*	City, State, Zip
	Telephone Number (Please Include Area Code)

NOTICE: YOUR SIGNATURE ABOVE CONSTITUTES AN OATH. MATERIALLY FALSE STATEMENT TO INDUCE PAYMENT BY THE AUDITOR MAY SUBJECT YOU TO CRIMINAL PROSECUTION FOR PERJURY.

Contractors who personally perform work are required to submit this form the first week they are on the job to establish that they are a bona-fide owner-operator. A "bona-fide owner-operator" must be able to show that he/she is either a sole proprietor or partnership, or an owner of a corporation or a limited liability company. A W-9 Request for Taxpayer ID Number Form or Federal ID# will not be accepted.