Print Form

Labor Compliance Program Certification Form

Grantee: _____PROJECT Number: _____

Grantee contact for labor compliance program purposes

Name: _____

Address: _____

Phone: (___) _____ **Email: _____**

Certification:
I hereby certify that this project complies with Public Resource Code §75075.
I represent and warrant that I have full authority to execute this Labor Compliance Program Certification Form on behalf of the Grantee. I declare that the foregoing certification for the above-mentioned Project is true and correct.

_____ _____

Grantee's AUTHORIZED REPRESENTATIVE (Printed or Typed name) Title (position authorized in resolution)

_____ _____

Grantee's AUTHORIZED REPRESENTATIVE (Signature of position authorized in resolution) Date