# **SDDOT CONTRACTORS STATEMENT OF COMPLIANCE**

**Main PCN No:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Project No:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reporting Contractor:** **\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Week Ending: \_****|\_****|\_** **Payroll Number:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(mo) (day) (yyyy)**

I, \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby state:

 (Person Representing Reporting Contractor) (Title)

1. That I pay or supervise the payment of the persons employed by the above-referenced Reporting Contractor at the above-referenced transportation construction project (Project).
2. That during the work week commencing seven (7) days prior to, and ending on the above-referenced week ending date, each laborer and mechanic employed on the Project has been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the above said Reporting Contractor, from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in 29 CFR Part 3, issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145) as shown on the attached payroll report. (Please list **ANY** types of payroll deductions on your payroll report such as Federal Withholding, FICA, legal garnishments).
3. That any payroll reports to be submitted for the above week ending period are correct and complete; that the wage rates for laborers or mechanics therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classification set forth for each laborer or mechanic conform with the work each person performed.
4. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a South Dakota apprenticeship agency recognized by the Bureau of Apprenticeship and Training (BAT), U.S. Department of Labor (USDOL), or if no such recognized agency exists in South Dakota, are registered with the BAT, USDOL.
5. That (please check 5a or 5b)
6. WHERE BONA FIDE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

[ ]  In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll report, payments of bona fide fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 5c below. Please report the TOTAL WEEKLY value of employer-paid bona fide fringe benefits for each employee on the face of the payroll report, such as employer-share or health insurance or 401(k) employer matching amount.

1. WHERE NO BONA FIDE FRINGE BENEFITS ARE PAID TO APPROVED PLANS; BONA FIDE FRINGE BENEFITS ARE PAID IN CASH

[ ]  Each laborer or mechanic listed in the above-referenced payroll report has been paid, as indicated on the payroll report, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required bona fide fringe benefits as listed in the contract wage decision, except as noted in Section 5c below.

1. EXCEPTIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. REMARKS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I declare and affirm under the penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief, is in all things complete, true and correct. In addition, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under Section 1001 of Title 18 and Section 3729 of Title 31 of the United States Code.

Signed and dated this \_\_     \_\_\_ day of \_\_     \_\_\_\_\_\_\_\_ 20 \_\_     \_\_

|  |  |
| --- | --- |
| Name and Title | Signature |

Submit one signed and dated SDDOT Contractor’s Statement of Compliance form electronically with the weekly Certified Payroll Report to: SDDOT Labor Compliance through the Electronic Payroll Submission Systems at: <https://elationsys.com>.