

Instructions for completing South Dakota Department of Transportation Contractor's Statement of Compliance Form

A Contractor's Statement of Compliance (Statement) is required by Davis-Bacon regulations, [29 CFR Part 3](#) and [29 CFR Part 5](#). Under the Davis-Bacon Act, the contractor is required to pay not less than the prevailing wages, including any prevailing fringe benefits. **The contractor's obligation to pay the full wages and fringe benefits may be met either by payment of cash wages and bona fide fringe benefits to approved plans or funds, or by making all payments to covered workers as cash wages.** Employees will be paid unconditionally, and not less often than once a week, the full wages earned for the actual type(s) of work performed. While this form need not be notarized, the Statement is subject to the penalties provided by 18 USC 1001; namely, possible imprisonment of five years or \$10,000 fine, or both. Accordingly, the party signing this Statement must have knowledge of the facts represented as true. A signed SDDOT Contractor's Statement of Compliance Form is required to be submitted electronically with each weekly Certified Payroll Report for each week work is performed on South Dakota's covered construction projects. To avoid the suspension of contract pay estimates, **the payroll report and signed SDDOT Contractor's Statement of Compliance Form must be submitted electronically to SDDOT within 7 days after the regular payment date, as required by 29 CFR 3.4 and 29 CFR 5.9. Incomplete payroll reports and payroll reports that do not include the most recent "SDDOT Contractor's Statement of Compliance Form" will not be accepted.**

1. Heading: Provide the 4-digit PCN Number and the Project Number. Provide the county(ies) where the project is located. Provide your firm's name, the week ending date for the work week, and the payroll number for this contract. If a contract has more than one PCN Number or Project Number, the first one listed in the contract is the "main" number and should be the one used on this form.
2. Print the name and title of the person signing the SDDOT Contractors Statement of Compliance Form on behalf of the Reporting Contractor.
3. Section 5. Please check box 5(a) OR box 5(b).

Box 5(a) A Reporting Contractor who makes payments to third-party administrators for employer-paid bona fide fringe benefits shall check 5(a) of the SDDOT Contractors Statement of Compliance. Health insurance and 401(k) are examples of employer-paid bona-fide fringe benefits paid to third-party plans or programs.

Box 5(b) A Reporting Contractor who pays no bona-fide fringe benefits or pays fringe benefits in cash shall check 5(b).
4. Section 5(c), Exceptions: If the Reporting Contractor is paying less than the total bona fide fringe benefits as required on the wage decision, the Reporting Contractor must list those exceptions in section 5c. Include an explanation for any exceptions.
5. Sign and date the electronic SDDOT Contractor's Statement of Compliance form.
6. Submit ONE completed Certified Payroll Report with a signed SDDOT Contractor's Statement of Compliance form electronically to: SDDOT Labor Compliance Program through the Electronic Payroll Submission Systems at <https://elationsys.com>.

[Any questions, please call \(605\) 773-3795 or \(605\) 773-3262](tel:6057733795)