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| moseal | | STATE OF MISSOURI  OFFICE OF ADMINISTRATION  DIVISION OF FACILITIES MANAGEMENT, DESIGN AND CONSTRUCTION  **AFFIDAVIT – COMPLIANCE WITH PREVAILING WAGE LAW** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROJECT NUMBER | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  |
|  | Before me, the undersigned Notary Public, in and for the County of | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  |
|  | State of | |  | | | | | personally came and appeared | | | | | | | | | | | | | | |  | | | | | | | | | | | |  |
|  |  | | | | | | | | |  | | | |  | | | | | | | | | (NAME) | | | | | | | |  | | | | |
|  |  | | | | | | | | | | | of the | | | | |  | | | | | | | | | | | | | | | | | |  |
|  | (POSITION) | | | | |  | | | | | | | | | | | | (NAME OF THE COMPANY) | | | | | | | | | | | | | | | | |  |
|  | (a corporation) (a partnership) (a proprietorship) and after being duly sworn did depose and say that all provisions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | and requirements set out in Chapter 290, sections 290.210 through and including 290.340, Missouri Revised | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Statutes, pertaining to the payment of wages to workmen employed on public works project have been fully satisfied | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | and there has been no exception to the full and completed compliance with said provisions and requirements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | and with Wage Determination No: | | | | | | | |  | | | | | | | | | | | | | | | | | | | issued by the | | | | | | |  |
|  | Department of Labor and Industrial Relations, State of Missouri on the | | | | | | | | | | | | | | | | | | | | | | |  | | | | day of | |  | | | 20 |  |  |
|  | in carrying out the contract and working in connection with | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | (NAME OF PROJECT) | | | | | | | | | | | | | | | | | | |  |
|  | Located at | | |  | | | | | | | | | | | | | | in | |  | | | | | | | | | | | | County | | |  |
|  |  | | | (NAME OF THE INSTITUTION) | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  |
|  | Missouri, and completed on the | | | | | |  | | | | | | day of | | | | | |  | | | | | | | 20 |  | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTARY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTARY PUBLIC EMBOSSER OR  BLACK INK RUBBER STAMP SEAL | | | | | STATE | | | | | | | | | | | | | | | | | | | | COUNTY (OR CITY OF ST. LOUIS) | | | | | | | | | | |
| SUBSCRIBED AND SWORN BEFORE ME, THIS | | | | | | | | | | | | | | | | | | | | **USE RUBBER STAMP IN CLEAR AREA BELOW** | | | | | | | | | | |
|  | | | | | | DAY OF | |  | | | | | | | | YEAR | | |  |
| NOTARY PUBLIC SIGNATURE | | | | | | | | | | | MY COMMISSION EXPIRES | | | | | | | | |  | | | | | | | | | | |
| NOTARY PUBLIC NAME (TYPED OR PRINTED) | | | | | | | | | | | | | | | | | | | |

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