

**SMALL WORKS  
PUBLIC WORKS CONTRACT  
(\$2,500 or less including tax)**



**STATEMENT OF INTENT TO  
PAY PREVAILING WAGES  
&  
AFFIDAVIT OF WAGES PAID**

This form must be typed or printed in ink and completed in full or it will be returned for correction. Large, bold numbers match instructions on back of form. Shaded areas are for Awarding Agencies and L & I use only.

**No filing fee**

**Contractors are to obtain this form from the CONTRACT AWARDING AGENCY and then return the form to the CONTRACT AWARDING AGENCY. The Awarding agency approves the form and then sends the form to Labor and Industries within 30-days of receipt.**

<b>1</b> Contract Awarding Agency		Project Name	
Address		Contract or Purchase Order Number	
City	State	ZIP+4	County where work was performed
			City where work was performed
Indicate total dollar amount of your contract - Include Sales Tax (No Time & Material)		Date contract awarded (mm/dd/yy)	Date work completed (mm/dd/yy)
\$			

Number of owner/operators that own at least 30% of the company who will perform work on this project: \_\_\_\_\_

Did Employees Perform Work on this Project?  Yes  No If yes - please list below (If you choose "No" and this changes later, you certify that you will submit a new form listing workers.)

<b>2</b> Craft/trade/occupation	<b>3</b> Number Of Workers	<b>4</b> Total # of hours worked - ea. Trade	<b>5</b> Rate of Hourly Pay	<b>6</b> Rate of Hourly Fringe Benefits	<b>7</b> Apprentices: (See #7 on back of form)

**8** Company name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Contractor Registration No. \_\_\_\_\_ UBI \_\_\_\_\_

Industrial Insurance Account \_\_\_\_\_ Number \_\_\_\_\_

Email address \_\_\_\_\_ Phone number \_\_\_\_\_

I hereby certify that the above information is correct and that all workers I employed on this Public Works Project were paid no less than the Prevailing Wage rate(s) as determined by the Industrial Statistician of the Department of Labor and Industries. I understand that contractors who violate Prevailing Wage laws, i.e., incorrect classification/scope of work of workers, improper payment of prevailing wages, etc., are subject to fines and/or debarment and will be required to pay any back wages due to workers. RCW 39.12.065.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

Contract amount indicated can only be for a single contract with the awarding agency. NO subcontractors.

For liability to the awarding agency: See RCW 39.12.040(2)(d)

Awarding Agency by approving this for has verified that the Contractor's Contractor Registration Number is current and valid.

RCW 39.12.040(2)(e): Nothing in this section shall be interpreted to allow an awarding agency to subdivide any public works project of more than two thousand five hundred dollars for the purpose of circumventing the procedures required by RCW 39.12.040(1).

**9** Approval by Awarding Agency, Name, Title, Phone Number and Email \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved: Department of Labor and Industries

By \_\_\_\_\_  
Industrial Stastician

INSTRUCTIONS TO COMPLETE THE  
STATEMENT OF INTENT TO PAY PREVAILING WAGES & AFFIDAVIT OF WAGES PAID  

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FOR SMALL WORKS PUBLIC WORKS CONTRACTS \$2,500 OR LESS

Contractors: Please submit this form to the CONTRACT AWARDING AGENCY, not to Labor and Industries.

NOTE: Numbers on instructions match large bold numbers on front of form.

1. **Contract Awarding Agency** – This is the name of the public agency that awarded the contract.  
**Address, City, State, ZIP +4** – This is the address of the contract awarding agency.  
**Project Name** – The name of the project  
**Contract or Purchase Order Number** – This is the number of the contract or purchase order assigned by the awarding agency.  
**County where work was performed** – This is the county in which the actual work was performed.  
**City where work was performed** – This is the city in which the work was performed. If the work was performed outside the limits of any city, write "N/A" in this space  
**Indicate total dollar amount of your contract** – Including sales tax (No Time & Material allowed)  
**Date Contract Awarded** – This is the date the contract was awarded to the contractor by the awarding agency. (month/day/year)  
**Date Work Completed** – This is the date you completed work on the project.
2. **Number of owner/operators that performed work on the project that own 30% or more of the company** – Please indicate the number of owner/partners who performed work on the project. (Individuals who own less than 30% of the company are not considered to be owners/operators, and must be paid prevailing wage.)  
**Did Employees Perform Work on this Project** – please indicate yes or no. If no then you do not need to fill in the occupations below.
3. **Craft/trade occupation** – List each craft/trade/occupation of workers employed on this project. If this is residential, landscape, or underground sewer and water construction, please state so on the form. If operating engineers and/or truck drivers were used, describe the type, and list the size or rated capacity of the equipment. If you indicated owners/partners in the question above AND you also indicated no employees then you do not need to fill in this section. (Individuals who own less than 30% of the company are not considered to be owners/operators, and must be paid prevailing wage.)
4. **Number of Workers** – List the number of journey-level workers employed for each craft/trade/occupation on this project.
5. **Total Number of Hours Worked** – List the total number of hours worked for each craft/trade/occupation.
6. **Rate of Hourly Pay** – Enter the rate of hourly pay for each craft/trade/occupation. This is the wage you actually paid to the workers.
7. **Rate of Hourly Fringe Benefits** – Enter the rate of hourly fringe benefits. This is the cost of fringe benefits, as defined by RCW 39.12.010, that you actually paid to the workers. The amount listed for "Rate of Hourly Pay" plus the amount listed for "Rate of Hourly Fringe Benefits", if any, must equal or exceed the prevailing rate of wage.
8. **Apprentices** – If apprentices were employed on this project, list each by name, registration number, craft, stage of progression, beginning and ending dates of work performed on this project, and rate of hourly pay and fringe benefits. Any workers not registered with the Washington State Apprenticeship and Training Council must be paid prevailing journeyman wages. Any apprentice not registered with the Washington State Apprenticeship and Training Council within 60 days of hiring must be paid prevailing journeyman wages for the time preceding the date of registration. To verify apprenticeship registration and status, call (360) 902-5324.
9. **Company Name (This can only be a contractor working directly for the Awarding Agency)** – Indicate your company's name, address, phone number, and the signature of an authorized company representative with date signed. (Contractor registration number begins with the first letters of company name).
10. **Awarding Agency Approval** – Indicate name, phone number, date and signature with title of the authorized awarding agency representative.

**Please submit forms to:**

**Prevailing Wage  
PO Box 44540  
Olympia, WA 98504-4540**



RECEIVED

OCT 31 2008

PURCHASING DIV.

*MARA*

STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES

Prevailing Wage  
PO Box 44540 • Olympia, Washington 98504-4540  
360/902-5335 Fax 360/902-5300

**Prevailing Wage Statement of Intent to Pay Prevailing Wage  
& Affidavit of Wages Paid Forms**

We issued new forms July 1, 2008 because of the fee increase and listing of subcontractors on the affidavit. We allowed a grace period for the use of old forms to allow the new forms to get dispersed. As of November 1, 2008, Labor & Industries' Prevailing Wage Department will no longer accept any forms with a revision date older than 05-08. You can find this date in the lower left hand corner of the form. We will send out of date forms back for correction. We will include a new form for you to complete and send back along with a copy of the incorrect form to verify payment.