



CITY OF CLEVELAND

OWNER / OPERATOR AFFIDAVIT

City of Cleveland
Office of Equal Opportunity
Prevailing Wage Compliance
601 Lakeside Avenue, Room 335
Cleveland, Ohio 44114

Phone: 216.664.4151 • Fax: 216.664.3870 • Email: PWcoordinator@clevelandohio.gov • Hours: 8 am to 6 pm Weekdays

PROJECT INFORMATION

PROJECT NAME:

CONTRACTOR INFORMATION

COMPANY:

PHONE:

PAYROLL CONTACT:

EMAIL:

STATEMENT OF WORK PERFORMED

I, _____, hereby certify that I am the
(Insert Name of Signatory Party)

_____ of _____
(Insert Owner, Partner, President, etc.) (Insert Name of Company submitting statement)

and perform the following work _____ and
(Insert type of work or list the specific classes of work)

certify that the work is being and/or was done by me personally.

REQUIRED PROOF & DOCUMENTATION

Enclose a copy of any of the following documentation proving the individual's ownership of the business. More than one form may be required. If the supplied documentation does not prove ownership, you will not be considered an Owner/Operator and will have to pay and report prevailing wages for yourself.

- Trade Name Registration
- Vehicle Registration (Only Required for Trucking Company)
- Articles of Incorporation
- Certificate of Auto Insurance (Only Required for Trucking Company)
- Form 1040 Schedule C (most recent)

Hours worked on this job must be submitted on the weekly certified payroll form; W-9 form is not acceptable. Federal ID # is not acceptable. Falsification of any of the above may subject the contractor to civil or criminal prosecution.

OWNER / OPERATOR / CONTRACTOR ACKNOWLEDGEMENT & AUTHORIZATION

OWNER / OPERATOR / CONTRACTOR

TITLE

SIGNATURE

DATE

NOTICE: YOUR SIGNATURE ABOVE CONSTITUTES AN OATH, AND A MATERIALLY FALSE STATEMENT TO INDUCE PAYMENT BY THE CITY MAY SUBJECT YOU TO CRIMINAL PROSECUTION FOR PERJURY.

DIRECTIONS FOR COMPLETED FORM:

- Please email completed form to general contractor. Keep a copy in the project file.