## **HOFFMAN CONSTRUCTION COMPANY**

## SUBCONTRACTOR/VENDOR STATEMENT OF INTENT TO PAY PREVAILING WAGES

Note: This form must be returned before payment can be made.

Project Name:	Subcontract/PO #			
Prevailing Wage Rate Effective Date: Please indicate if these wages are subject Subject to:	to the State of O			
Subcontractor/Vendor Company Name:				
Address:	City		State	Zip
Contact Name:	Title:		Phone Number:	
County where work is performed?	City w	here work will l	oe performed?	
Are your workers: Union \(\sigma\) Non-U:  Do you intend to use subcontractors*? Y  *If Subcontractors are used, please attach a list with	TES □ NO □	Do you intend to	o use apprentices?	YES□ NO□
Craft/trade/occupation		Rate of Hourly Pay	Rate of Hourly Fringe Benefits	Estimated Number of Workers
I hereby certify that the above information is correct and I employ on this Public Works Project will be paid no leterostic Prevailing Wage Rate(s) as determined by Bureau of Lal (BOLI) and/or Davis-Bacon Act Rules. I understand that violate Prevailing Wage Laws, i.e., incorrect classification of workers, improper payment of prevailing wages, etc., and/or debarment and will be required to pay any back were supported to the pay and pay the pay and pay and pay any back were supported to the pay and pay and pay and pay any back were supported to the pay and pay and pay any back were supported to pay any back were supporte	ss than the bor and Industries at contractors who on/scope of work are subject to fines	Signature Printed Name		Title
		Phone Number		Date

PLEASE RETURN FORM TO:

Hoffman Construction Company **Attn: Natalie Cordova - Purchasing** 805 SW Broadway, Suite 2100 Portland, OR 97205