

## Owner Authorization of Payroll Signatory

Project Name: <sub>.</sub>				
Location:				
Contract Numb	er:			
Company Nam	e:			
	Select one:			
Appointed Pay	Supervisor (I	Name):		<u></u>
Beginning Serv	rice Date (mn	n/dd/yyyy):		<u></u>
Designated Lat	oor Standard	s Officer (Name):		
•	(we) have ap		ntractor for the above-named P d individual as signatory to cert	-
documents req ne/she will exec	uired by the ( cute with (my	Copeland "Anti-kickback" r) (our) full authority and a	the compliance mandates set the Act (TITLE 18, U.S.C., Sec. 87) approval until such time as (I) (we appointing some other person to	4; 40 USC §3145) which ve) submit to the
submit it therev	vith. Any cha	inge of the appointee req	must execute this certificate pr uires a new certificate to accom mpliance required by the Copel	pany the first payroll for
•	•		nis certification in no way signifi acon Act (DBA) and related labo	•
(Signature of A	ppointee)			
(Owner Signatu	ure)			
(Owner Name)				
(Title)				
(Date: mm/dd/v	////)			