



STATEMENT OF COMPLIANCE

Contractor: ABC Contractor

DIR Number: 123456

I, _____, **Payroll Admin**, under penalty of perjury, hereby state:
(Name of Signatory Party) (Title)

(1) That I pay or supervise the payment of the persons employed by **Holliday Rock Co., Inc.** during the payroll period commencing **01/01/18** and ending **01/07/18**, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the above named ready-mix supplier from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions.

(2) That any payrolls otherwise under this control required to be submitted for the above period are correct and complete; that the wage rates for laborers and mechanics contained therein are not less than the applicable wages determined by the Director of Industrial Relations for the county or counties in which the work is performed; that the classification set forth therein for each laborer or mechanic conform with the work he or she performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency.

(4) That:

(a) Where fringe benefits are paid to approved plans, funds or program:

In addition to the basic hourly wage rates paid to each ready-mix driver listed in the above referenced payroll, payments of fringe benefits have or will be made to the appropriate programs for the benefit of such employees.

(b) Where fringe benefits are paid in cash as needed:

Each ready-mix driver listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits.

Signature:	
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PUBLIC WORKS PAYROLL REPORTING FORM

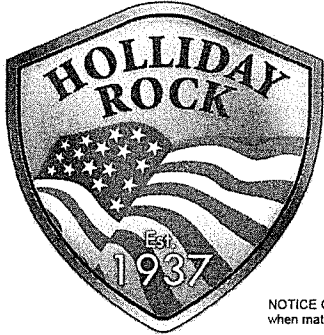
NAME OF CONTRACTOR: HOLLIDAY ROCK CO., INC. ADDRESS: 1401 N. BENSON AVE CSLB NO. OR SPECIALTY LICENSE NO.: N/A
OR SUBCONTRACTOR: UPLAND, CA 91786 PWCR NO. 123456789
PROJECT NAME: Project 123 PROJECT LOCATION: WORKERS' COMPENSATION POLICY NO.: 12-345678-90-12
DIR PROJECT ID NO.: 12345 123 First St, Upland 91786 SELF-INSURED CERTIFICATE NO.: N/A
FOR WEEK ENDING: 1/7/2018

Table with 9 main columns: (1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE; (2) NO. OF WITHHOLDING EXEMPTIONS; (3) WORK CLASSIFICATION; (4) DAY (S, M, T, W, TH, F, S); (5) DATE; (6) TOTAL HOURS, HOURLY RATE OF PAY; (7) GROSS AMOUNT EARNED (THIS PROJECT, ALL PROJECT); (8) DEDUCTIONS (FED TAX, FICA, STATE TAX, SDI, VAC/HOLIDAY, HEALTH & WELF., PENSION, TRAINING, FUND ADMIN, DUES, SAVINGS, MEDICARE, OTHER*, TOTAL DEDUCTION); (9) NET WAGES PAID FOR WEEK, CHECK NO.

ST= Straight Time
OT= Over Time
DT= Double Time

*Other= Any other deductions or contributions whether or not included or required by prevailing wage determinations must be separately listed. Use extra sheet(s) if necessary.

CERTIFICATION MUST be completed (See reverse side)



Holliday Rock Co., Inc. * 1401 N Benson Ave * Upland, CA 91786 * (888) 273-2200

CONTROL #
THIS IS NOT A TICKET NO.

NOTICE Our drivers will make every effort to place material where Customer designates, but the Company assumes no responsibility for damages inside curb of property line. No claims allowed unless made when material is delivered and receipted for. Interest charged on delinquent accounts. Buyer will pay reasonable costs of collection and attorney's fees.

As evidenced by signature, driver / carrier is responsible for the accuracy of this vehicle's tare weight. The driver / carrier will notify shipper / consignor if there is any change in light weight due to changes in equipment, fueling, etc. Calif B & P Code Section 12722 (a&b).

SOLD TO:					INSTRUCTIONS:					
CUST. NO.		P.O.		CUST. JOB NO.		ORDER NO.	DATE	TIME	TICKET NO.	
TOTAL WATER		FREE WATER		BATCH WATER		ALLOW WATER		TRUCK NO.	LICENSE	DRIVER
LOAD NO.		SAND MOIST		REQ. SLUMP		MAP PG.	DUE ON JOB		PREVIOUS TRUCK	
TOTAL ORDERED	TOTAL SHIPPED	THIS TICKET	PRODUCT CODE	COMMODITY DESCRIPTION			UNIT OF MEASURE	UNIT PRICE	EXTENSION	
								STAND BY CHARGE *		
BATCH WEIGHTS				WEIGHMASTER CERTIFICATE				TAX		
				THIS IS TO CERTIFY that the following described commodity was weighed, measured, or counted by a weighmaster, whose signature is on this certificate, who is a recognized authority of accuracy, as prescribed by Chapter 7 (commencing with Section 12700) of Division 5 of the California Business and Professions Code, administered by the Division of Measurement Standards of the California Department of Food and Agriculture.				%		
				By X Deputy				PREVIOUS BALANCE		
				Rec'd By HOLLIDAY ROCK CO., INC. Customer X				SUB - TOTAL		
				*STANDBY TIME IS CHARGED AT \$2.00 PER MIN AFTER 4 MIN PER YARD FREE TIME CUSTOMER ASSUMES RESPONSIBILITY FOR WATER ADDED ON JOB CUSTOMER ASSUMES RESPONSIBILITY FOR PUBLIC WORKS REQUIREMENTS AND NOTICES DEFINED IN LABOR CODE SECTION 1720.9, AS AMENDED BY AB-219 AND SB-636 SEC. 184.				SHORTLOAD CHARGE		
				I CERTIFY THAT THE INFORMATION I HAVE ENTERED ON THIS TICKET IS CORRECT.				TICKET TOTAL		
				Driver X <i>John Doe</i>				JOB TOTAL		
LV. PLANT	ARV. JOB	START POUR	STAND BY	END POUR	LV. JOB	ARV. PLANT	WATER ADDED ON JOB			
1:00	1:30	1:45		2:30	2:45	3:25				

Public Works Certified Payroll Reporting Form

Certification under penalty of perjury:

"I, _____, the undersigned, am the PAYROLL ADMIN (position in business) with the authority to act for and on behalf of HOLLIDAY ROCK CO., INC. (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 2018-01-27 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named. I certify this on 2018-02-01."

Contractor Name: HOLLIDAY ROCK	Contractor PWCR:	License Type: OTHER	License Number: NA
Address: 1401 N. BENSON AVE, UPLAND, CA 91786	FEIN:	Contractor Email:	
Insurance Number: `			
Awarding Body: NAME OF AWARDING BODY	DIR Project ID: DIR #	Project Name: NAME OF PROJECT	
Contract With: CUSTOMER NAME	County: NAME OF COUNTY	Location Description: PROJECT ADDRESS	
Payroll Number:	For Week Ending: DATE	<input type="checkbox"/> Is this a 'Statement of Non-Performance?'	

Name, Address and Social Security Number of Worker	Number of Withholding	Day							Total Hours	Hourly Pay Rate	Gross Amount Earned		Deductions, Contributions, and Payments								Net Wage Paid For Week	Check Number				
		Sun	Mon	Tue	Wed	Thu	Fri	Sat			This Project	All Projects	Federal Tax	FICA	State Tax	SDI	Vac/Holiday	Health & Welf.	Pension							
		Date																								
JOHN DOE 123 FAKE ST Upland, CA 91786 123-45-6789	1	Date							0.00	0.00	0.00	0.00	Hours Worked Each Day								0.00	0.00				
	Work Classification	S	0.00	0.00	0.00	0.00	0.00	0.00					0.00	0.00	0.00	Training	Fund Admin	Dues	Trav/ Subs	Savings			Other	Total Deduct		
	DRIVER: MIXER DRIVER	O	0.00	0.00	0.00	0.00	0.00	0.00					0.00			0.00	0.00	0.00	0.00	0.00			0.00	0.00	0.00	0.00
		D	0.00	0.00	0.00	0.00	0.00	0.00					0.00					0.00	0.00	0.00			0.00	0.00	0.00	0.00
NOTE:																										

eCPR Online Confirmation

Your payroll submission request has been processed.

Please review the results of your submission. Should you have any questions please contact the eCPR unit at publicworks@dir.ca.gov.

Contractor Name: HOLLIDAY ROCK CO., INC.
Contractor Address: 1401 N BENSON AVE UPLAND CA 91786
Awarding Body: NAME OF AWARDING BODY
Project ID: DIR #
Contract With: CUSTOMER NAME
Week Ending Date: DATE
Payroll Number: #
Amendment Number: 0

1 employee payroll record(s) processed

Your Transaction ID is:

[Print this Page](#)



View your submission

SAMPLE