HOFFMAN CONSTRUCTION COMPANY

STATEMENT OF INTENT TO PAY PREVAILING WAGES

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

Project Name: _____ Subcontract #_____

Prevailing Wage Rates: Effective Date:_____

Subcontractor Company Name:_____

Address: _____ City _____ State _____ Zip _____

Contact Name:_____ Title:_____ Phone Number:_____

County where work is performed?_____ City where work will be performed?_____

Do you intend to use subcontractors*? YES ☐ NO☐ Do you intend to use apprentices? YES ☐ NO☐

*If Subcontractors are used, please attach a list with this form.

Craft/trade/occupation	Rate of Hourly Pay	Rate of Hourly Fringe Benefits	Estimated Number of Workers

I herby certify that the above information is correct and that all workers I employ on this Public Works Project will be paid no less than the Prevailing Wage Rate(s) as determined by Bureau of Labor and Industries (BOLI). I understand that contractors who violate Prevailing Wage Laws, i.e., incorrect classification/scope of work of workers, improper payment of prevailing wages, ect., are subject to fines and/or debarment and will be required to pay any back wages due to workers

_____
Signature

_____
Printed Name Title

_____
Phone Number Date

PLEASE RETURN FORM TO:
HOFFMAN CONSTRUCTION, LARRY MCDANIEL
805 SW BROADWAY SUITE 2100 PORTLAND, OR 97205