



ELECTRICAL TECHNOLOGIES

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NC License # 20182-U

WBE Owned and Operated

Certificate from Contractor/Subcontractor Appointing Office or Employee to Supervise Payment of Employees

Project Name: _____

Date: _____

Location: _____

I/We hereby certify that I am/We are a subcontractor doing _____
(scope of work)

work in connection with construction of the above-mentioned project, and that I/We have appointed

_____, whose signature appears below, to supervise the
(name of individual that will sign payroll reports)

payment of my/our employees beginning _____ : that he/she is in a position to have
(contract date)

full knowledge of the facts set forth in the payroll documents and in the statement of compliance

required by the so-called Kick-Back Statute which he/she is to execute with my/our full authority

and approval until such time as I/we submit to the General Contractor/Owner a new certificate

appointing some other person for the purposes hereinabove stated.

Signature of Authorized Person: _____
(signature of individual who will sign payroll reports)

Name of Firm or Corporation: _____

Signature: _____

Name/Title of Authorized Signer: _____