

Faris Construction Company



Labor Code Section 218.7

Wage Payment Affidavit - 1st Tier Sub

Month ending: _____

PLEASE NOTE THAT FURNISHING TO US ALL THE INFORMATION REQUESTED BELOW IS MANDATORY UNDER LABOR CODE 218.7

Employer: _____

FCC Project Name: _____

Employees Employed on the subject Project Last Month:

	Name	Hrs Worked	Last 4 SS
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			

2nd Tier Subcontractors & Independent Contractors:

Company or Individual Name	Hours Worked	EIN or SS

Provide complete contact information for all second tier subcontractors and independent contractors including Company Name, Contact Name, Legal Address, Phone Number, Fax Number, Email Address, Contractor's License Number and copies of 2nd tier company's payroll & subcontracting records for project.

Attach wet signed copies of Form 3.8.6.7 for all your employees and all employees of any subcontractor company at any tier. Scan copies of this form and Form 3.8.6.7 may be submitted with your payment application, but wet signed copies must be received by our office before your check will be released.

Attach copies of complete payroll records and those of your subs and independent contractors including check numbers.

I certify under oath and penalty of law that the information contained on these forms is true and that the signatures are of the individuals stated. I certify that I am the Owner, a General Partner or an Officer of the employer listed above.

Signature _____ Title: _____ Date: _____

IT IS YOUR RESPONSIBILITY TO OBTAIN ALL REQUIRED DOCUMENTATION FROM YOUR SUBS & SUPPLIERS.