Lower Columbia Fish Enhancement Group
Statement of Intent to Pay Prevailing Wage Rates

COMPANY INFORMATION

Company Name	
WA State Contractors License #	
State UBI # or Federal EIN	
Company Address	
City, State, Zip	
Contact Name	
Phone Number	

Do you intend to subcontract any work on site? **Yes** ☐ **No** ☐

Will all work be performed by owner/operators of your company?** **Yes** ☐ **No** ☐

**Owner/Operator is defined as an owner or business partner who owns at least 30% of the company.

Prevailing Wage for Federal & State funded project forms must be submitted with invoices if selected to work on a project.

AFFIDAVIT

I declare under penalty of perjury under the laws of the State of Washington that (1) all information provided in this form is true and correct, (2) the undersigned is an owner or corporate officer of the company named below,

_____

and is authorized to represent the company with regard to these assurances, and (3) that all workers employed on this Lower Columbia Fish Enhancement Group project by this company will be paid no less than the applicable Prevailing Wage Rate(s) as published by the Washington State Department of Labor and Industries.

Signature _____

Printed Name _____

Title _____

Date _____

INSTRUCTIONS

To be completed by each contractor and subcontractor and returned to the General Contractor.

The General Contractor and Owner are responsible for forwarding all signed original *Intent to Pay Prevailing Wages* forms to the Lower Fish Enhancement Group. All invoices will be held without payment until submission of the forms are received.