



Davis Bacon Payroll Authorization

Date
Project Name:
Project Address:

Project Contractor/Subcontractor Name:	
Address:	Phone#:

Payroll Contact:	
E-mail address:	Phone#:

The names listed below have authorization to sign certified payroll forms on behalf of this project.

\_\_\_\_\_  
Company Representative Printed Name

\_\_\_\_\_  
Company Representative Signed Name

\_\_\_\_\_  
Company Representative Title

**Approved Certified Payroll Signature(s):**

1. Printed Name: _____	Signed Name: _____
2. Printed Name: _____	Signed Name: _____
3. Printed Name: _____	Signed Name: _____

