

WORKFORCE CERTIFICATION

**CERTIFICATE OF COMPLIANCE WITH CERTAIN WORKFORCE RELATED
LEGAL REQUIRMENTS: I-9 EMPLOYMENT ELIGIBILITY VERIFICATION,
WORKER CLASSIFICATION, WORKERS' COMPENSATION INSURANCE,
UNEMPLOYMENT INSURANCE, SOCIAL SECURITY AND INCOME TAXES,
HOSPITALIZATION AND MEDICAL BENEFITS**

Applicable to All DCAMM Construction Projects

To Be Executed by General Contractors/Construction Managers/All Subcontractors

Company Name: _____ (“Company”)

Project Title: _____ (“Project”)

Project No.: Mass. State Project No. _____

I, _____ authorized signatory for

Print Name

Company whose principal place of business is at _____

Address

do hereby certify under penalties of perjury that Company shall comply with the following legal requirements for any and all employees to be employed in the Project who are required to be listed in the certified payroll reports for the Project: 1) Federal Department of Homeland Security Requirements in hiring such employees including, but not limited, to the faithful completion of the Federal Department of Homeland Security Form I-9 process by Company; 2) proper classification of individuals employed on the project; 3) all laws concerning workers' compensation insurance coverage, unemployment insurance, social security taxes, and income taxes; and 4) all laws concerning hospitalization and medical benefits that meet the minimum requirements of the connector board established in chapter 176Q of the General Laws. Company acknowledges that with the weekly workforce reports that must be submitted on a weekly basis, Company and all of its subcontractors will be required to certify that the Form I-9 process was faithfully completed and that all other legal requirements related to its workforce referenced above were followed for all employees listed on each certified

payroll report when submitted. By the signature of the Company's Authorized Signatory below, the Company certifies under the pains and penalties of perjury that the Company shall comply with all requirements of applicable law and the this Workforce Certification; that the Company will not knowingly use undocumented workers in connection with the performance of this contract; that pursuant to federal requirements, the Company shall verify the immigration status of all workers assigned to the contract without engaging in unlawful discrimination; and that the Company shall not knowingly or recklessly alter, falsify, or accept altered or falsified documents from any such worker. The Company understands and agrees that breach of any of the terms of this Workforce Certification during the period of a contract may be regarded as a material breach, subjecting the Company to sanctions, including but not limited to monetary penalties, withholding of payments, contract suspension or termination. Company shall require each of its subcontractors to execute and provide to Company a Workforce Certification with the execution of each subcontract, and Company shall forward a copy of each such Workforce Certification to the General Contractor or Construction Manager for filing with DCAMM.

Company Social Security No. or Federal Identification No. is: _____

Signed under the pains and penalties of perjury the _____ day of _____ 20 ____

Signature: _____

Name and Title: _____

Duly Authorized