

TOWN OF STOUGHTON

Date

Project Name

OWNER/OPERATOR CERTIFICATION

I, _____, am the legal owner-operator of
(Owner-Operator Name)

_____ and am therefore exempt from M.G.L. c.149,
(Company Name)

Sections 26-27 (H).

If during the life of _____ contract, "employees" are used to complete the work specified, those "employees" shall be paid the Prevailing Wage Rate as per the Wage Rate Schedule provided by the Executive Office of Labor and Work Force Development, Department of Labor Standards, included with the project bid/quote package.

Signed

(Owner/Operator)

(Company Name)

(Street Address)

(City/State/Zip Code)

(Telephone)

(E-mail address)