## STATEMENT AND ACKNOWLEDGMENT

OMB Control Number: 9000-0066 Expiration Date: 5/31/2025

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0066. We estimate that it will take .05 hours to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration. Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW. Washington, DC 20405.

PART I - STATEMENT OF PRIME CONTRACTOR						
1. PRIME CONTRACT NUMBER	2. DATE SUBCO AWARDED		3. SUBCONTRACT NUMBER			
4. PRIME CONTRACTOR			5. SUBCONTRACTOR			
a. NAME			a. NAME			
b. STREET ADDRESS			b. STREET ADDRESS			
c. CITY	d. STATE e. ZIP C	CODE c. C	ITY		d. STATE	e. ZIP CODE
6. The prime contract  does, does not contain the clause entitled "Contract Work Hours and Safety Standards Act Overtime Compensation."						
7. The prime contractor states that under the contract shown in Item 1, a subcontract was awarded on the date shown in Item 2 to the subcontractor identified in item 5 by the following firm:						
a. NAME OF AWARDING FIRM						
8. PROJECT  10a. NAME OF PERSON SIGNING		9. Lú		TION	1:	2. DATE SIGNED
10b. TITLE OF PERSON SIGNING						
PART II - ACKNOWLEDGMENT OF SUBCONTRACTOR						
13. The subcontractor acknowledges that the following clauses of the Contract Work Hours and Safety Standards Act - Overtime Con (If included in prime contract see Block 6) Payrolls and Basic Records Withholding of Funds Disputes Concerning Labor Standards Compliance with Construction Wage Rate Requirements and Related Regulations				Construction Wage Rate Requirements Apprentices and Trainees Compliance with Copeland Act Requirements Subcontracts (Labor Standards) Contract Termination - Debarment Certification of Eligibility		
			С	<u> </u>		
В			D			
15a. NAME OF PERSON SIGNING		16. BY (Signature)			17	7. DATE SIGNED
15b. TITLE OF PERSON SIGNING		_				