

**OWNER-OPERATOR LISTING**

CEM-2505 (REV 05/2001)

**ADA Notice**

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

NAME OF CONTRACTOR EMPLOYING OWNER OPERATOR(S)	ADDRESS
--	---------

PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	CONTRACT NO.													
NAME, ADDRESS, SOCIAL SECURITY NO. AND CONTRACTORS LICENSE NO. OF OWNER-OPERATOR (IF ANY)	WORK CLASSIFICATION	DESCRIPTION OF EQUIPMENT	TRUCK CAL T NO. AND/OR EQUIP. LICENSE NO.	ST OR OT	DAY AND DATE							TOTAL WEEKLY HOURS	HOURLY RATE OF PAY	GROSS PAYMENT EARNED	CHECK NO.	
				S												
				O												
				S												
				O												
				S												
				O												
				S												
				O												
				S												
				O												
				S												
				O												

**NOTE: CERTIFICATION WILL BE ACCEPTED ONLY FROM THE CONTRACTOR EMPLOYING THE OWNER OPERATOR: IT WILL NOT BE ACCEPTED FROM THE OWNER OPERATOR HIM / HERSELF.**

**OWNER-OPERATOR LISTING STATEMENT OF COMPLIANCE**

CEM-2505 (REV 05/2001)

Date \_\_\_\_\_

do hereby state:

\_\_\_\_\_  
*(Name of signatory party)* \_\_\_\_\_ *(Title)*  
 (1) That I pay or supervise the payment of the persons reported on this form as Owner-operators by \_\_\_\_\_  
*(Contractor or subcontractor)*

on the \_\_\_\_\_, that during the payroll period commencing on the \_\_\_\_\_ day of \_\_\_\_\_  
*(Building or work)*  
 \_\_\_\_\_ and ending the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, all persons working on said project have been paid the

full weekly sums earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said  
 \_\_\_\_\_ from the full weekly sums earned by any person and that no deductions have  
*(Contractor or subcontractor)*

have been made either directly or indirectly from the full sums earned by any person, other than permissible deductions, as  
 described here: \_\_\_\_\_

(2) That any payrolls or listings or otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll or listings payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each Laborer or mechanic listed in the above referenced payroll or listings has been paid as indicated on the payroll or listings an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below:

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks:

\_\_\_\_\_  
 NAME AND TITLE SIGNATURE

On federally-funded projects, permissible deductions are defined in regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c).

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (see Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code).