

STATE OF CONNECTICUT
DEPARTMENT OF LABOR

WAGE & WORKPLACE STANDARDS DIVISION
CONTRACT COMPLIANCE UNIT

CONTRACTING AGENCY CERTIFICATION FORM

I, _____, acting in my official capacity as _____,
Authorized Representative Title
for _____, located at _____,
Contracting Agency
do hereby certify that the total dollar amount of work to be done
in connection with _____,
Project Name and Number
located at _____,
Address
shall be \$ _____, which includes all work, regardless
of whether such project consists of one or more contracts.

CONTRACTOR INFORMATION

Name: _____
Address: _____
Authorized Representative: _____
Approximate Starting Date: _____ / _____ / _____
Approximate Completion Date: _____ / _____ / _____

Signature Date

Return To: Department of Labor
Wage & Workplace Standards Division
Contract Compliance Unit
200 Folly Brook Blvd.
Weathersfield, CT 06109