

Town of Foxborough

Date

Project / Contract Name

OWNER / OPERATOR CERTIFICATION FORM

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

_____ 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 Prevailing Wage Rate as per the Wage Rate Schedule provided by the Executive Office of Labor and Workforce Deployment, Department of Labor Standards, included with the project bid / quote package.

Signed

Owner / Operator

Company Name

Street Address

City / State / Zip Code

Telephone

Email Address