

# AUTHORIZED SIGNATORY

Project Name: \_\_\_\_\_  
Bid Number: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Date: \_\_\_\_\_

Labor Compliance Unit  
Equal Opportunity Contracting Program  
City of San Diego  
1200 Third Avenue, Suite 200  
San Diego, CA 92101

This correspondence is to affirm that the person(s) identified below have the authority under penalty of perjury to so affirm, that the records are originals or are full, true, and correct copies of the original and depict truly, fully and correctly, the craft or type of work performed, hours and days worked, and the amounts by category listed, disbursed by way of cash, check, or in whatever form or manner to each person by job classification and/or skill pursuant to a public works contract. **To affirm signatory authorization, or to delegate signatory authorization, the person identified below must be owners or officers of the company. If delegating signatory authorization, both names must appear and remain current.**

_____ Print Name of Authorized Signatory Owner/Officer	_____ Print Name of Approved Authorized Signatory
_____ Signature of Authorized Signatory	_____ Signature of Authorized Signatory
_____ Title of Authorized Signatory	_____ Title of Authorized Signatory

*If authorization changes resubmit form with original signature*