



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) indentified 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