

LLNL
WEEKLY STATEMENT OF COMPLIANCE
 LLNS PRIME CONTRACT NO. DE-AC52-07NA27344

SUBMIT TO: LAWRENCE LIVERMORE NATIONAL LABORATORY
 [CA Name], L-650
 P.O. BOX 5012, LIVERMORE, CA 94551

Subcontract Number: B[] State _____ County _____ Date _____

I, _____, _____ do hereby state:
 (NAME OF SIGNATORY PARTY) (TITLE)

1. That I pay or supervise the payment of the persons employed by _____
 (SUBCONTRACTOR OR LOWER-TIER SUBCONTRACTOR)
 on the _____;
 (BUILDING OR WORK)
 _____ day of _____, 20____, and ending on the _____ day of _____ 20____, all persons
 employed on said project have been paid the full weekly wages earned, that no rebates have been made or will be made
 either directly or indirectly to or on behalf of said _____
 (SUBCONTRACTOR OR LOWER-TIER SUBCONTRACTOR)
 from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from
 the full wages earned by any person, other than permissible deductions as defined in regulations issued by the Secretary
 of Labor at Title 29, Part 3 of the Code of Federal Regulations (29 CFR Part 3) under the Copeland Act, as amended (48
 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 537; 40 U.S.C. 276c), and described below:

2. That any payrolls otherwise under this Subcontract 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 Subcontract; that the classifications set forth therein for each laborer or mechanic conform with the work they 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 recognized by the Bureau Of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

FRINGE BENEFITS STATEMENT - The Subcontractor, or Lower Tier Subcontractor, as Appropriate, Hereby States That:

SECTION (WHERE ALL OR A MAJORITY OF THE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS)

1. In addition to the basic hourly wage rates paid to each employee listed in the above referenced payroll, 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 3 below.

SECTION (WHERE ALL OR A MAJORITY OF THE FRINGE BENEFITS ARE PAID IN CASH)

2. Each employee listed in the above referenced payroll has been paid, as indicated on the payroll, the basic hourly wage rate plus an additional payment in the amount of the required fringe benefits as listed in the contract, except as noted in Section 3 below.

SECTION (WHERE PART OF THE FRINGE BENEFITS ARE PAID IN CASH AND PART TO PLANS, FUNDS, OR PROGRAMS)

3. All of the fringe benefit payments required by the contract have been or will be made to the appropriate programs, or have been made by cash payments in lieu thereof, or both, to the classifications and in the amount set forth below:

CLASSIFICATION OR CLASSIFICATION CODE	HOURLY AMOUNT PAID		CLASSIFICATION OR CLASSIFICATION CODE	HOURLY AMOUNT PAID	
	TO PROGRAMS	IN CASH		TO PROGRAMS	IN CASH

Signature: _____ Title: _____

The willful falsification of either of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Sections 1001 and 1020 of Title 18, and Section 231 of Title 31 of the United States Code.