**NO WORK PERFORMED**

I hereby certify by my signature below that no employee worked on the construction of the project indicated below for the period noted:

<table>
<thead>
<tr>
<th>Project Name and Number:</th>
<th>Consecutive Payroll Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For the period starting on: and ending on:

<table>
<thead>
<tr>
<th>Contractor’s or Subcontractor’s Name and Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Authorized Signature:*  
Title:  
Date:

*Note: The person signing this form must be the individual authorized to sign payroll documents, and have been appointed as such by an authorized officer of a corporation, by a member of a partnership, or by the sole proprietor of the contractor or subcontractor. The appointment must have been formalized by completion of a “Certificate from Contractor Appointing Officer or Employee to Supervise Payment of Employees.”

Revised: October 6, 2009