



CERTIFICATION FOR APPLICABLE FRINGE BENEFIT PAYMENTS

PROJECT NAME: _____

PROJECT NUMBER: _____

Classification/Fringe Benefits Provided	Name, Address and Telephone Number of Plan/Fund/Program
Health and Welfare	_____
Pension	_____
Vacation	_____
Apprenticeship/Training	_____

OR: (Check if applicable.)

_____ I certify that I do not make payments to approved fringe benefit plans, funds or programs.

Contractor/Subcontractor

Signature

Date

Title