## STATEMENT AND ACKNOWLEDGMENT

OMB Control Number: 9000-0066 Expiration Date: 5/31/2025

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0066. We estimate that it will take .05 hours to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

PART I - STATEMENT OF PRIME CONTRACTOR						
1. PRIME CONTRACT NUMBER	2. DATE AWAF	SUBCONTRACT RDED	3. SUBCONTRACT NUMBER			
4. PRIME CONTRA	5. SUBCONTRACTOR					
a. NAME			a. NAME			
b. STREET ADDRESS			b. STREET ADDRESS			
c. CITY	d. STATE	e. ZIP CODE	c. CITY		d. STATE	e. ZIP CODE
6. The prime contract does, does, overtime Compensation."	loes not co	ontain the clause	entitled "Contract Work Hou	irs and Safety St	tandards	Act
7. The prime contractor states that under	r the cont	ract shown in Ite	m 1, a subcontract was awar	ded on the date	shown in	Item 2 to the

subcontractor identified in item 5 by the following firm:

a. NAME OF AWARDING FIRM

**b. DESCRIPTION OF WORK BY SUBCONTRACTOR** 

8. PROJECT	9. LOCATION	9. LOCATION		
10a. NAME OF PERSON SIGNING	11. BY (Signature)	12. DATE SIGNED		
10b. TITLE OF PERSON SIGNING				
	PART II - ACKNOWLEDGMENT OF SUB	CONTRACTOR		
<ol> <li>The subcontractor acknowledges that Contract Work Hours and Safety S (If included in prime contract se Payrolls and Basic Records Withholding of Funds Disputes Concerning Labor Standa Compliance with Construction Wag and Related Regulations</li> </ol>	Wn in Item 1 are included in this subcontract: Construction Wage Rate Requirements Apprentices and Trainees Compliance with Copeland Act Requirements Subcontracts (Labor Standards) Contract Termination - Debarment Certification of Eligibility			
	14. NAME(S) OF ANY INTERMEDIATE SUBCONTRA	CTORS, IF ANY		
A	С			
В	D			
15a. NAME OF PERSON SIGNING	16. BY (Signature)	17. DATE SIGNED		
15b. TITLE OF PERSON SIGNING				
AUTHORIZED FOR LOCAL REPRODUCTION PREVIOUS EDITION IS NOT USABLE	I	STANDARD FORM 1413 (REV. 4/2013 Prescribed by GSA/EAR (48 CER) 53 222(e		

Prescribed by GSA/FAR (48 CFR) 53.222(e)