



## WEEKLY CERTIFIED PAYROLL REPORTING FORM

NAME OF CONTRACTOR :APPLIED MECHANICAL, INC.				CONTRACTOR'S LICENSE No. 0061610 SPECIALTY LICENSE No.				ADDRESS : 2010 KLEPPE LANE , SPARKS, NV 89431 PHONE: EMAIL:				PROJECT LOCATION/ CODE / NAME : Washoe County / I100076-2368/WA-2016-002 / TMWRF Laboratory Building HVAC Replacement																	
PAYROLL No. 1		FOR WEEK ENDING: 01/29/2017 SUBMITTED ON: February 07, 2017				MOTOR CARRIER PERMIT No.				UNION Mixed		SELF-INSURED CERTIFICATE No. WORKERS' COMP. POLICY :				ST 10/01/2015													
NAME, ADDRESS, SSN, DRIVER'S LICENSE, ETHNICITY, GENDER		WORK CLASSIFICATION, LOCATION AND TYPE		HOURS WORKED EACH DAY								TOTAL HOURS		BASE HOURLY RATE		GROSS AMOUNT EARNED		DEDUCTION , CONTRIBUTION AND PAYMENTS											
DOTTEI, ERIC  DL: NV		EXEMPT  0	SHEET METAL WORKER ZONE 1 / Sheet Metal Worker - General Foreman /  Washoe County WD: ST 10/01/2015									TOTAL HOURS THIS PROJECT	BASE HOURLY RATE OF PAY	THIS PROJECT	ALL PROJECTS	Federal Tax	Social Security	Medicare	State Tax	Local Taxes / SDI	Other	Savings	Total Deduction	Check No.					
				M	T	W	TH	F	S	S						200.49	92.24	21.57	0.00	0.00	19.65	80.00	566.53	19815					
				S			2.50										2.50	37.16			Vac/Dues	Trav. Subs.	Health & Welfare	Pension	Vacation Holiday	Training	All Other	Total Fringes Paid to 3rd	Net Paid Week
				O													0.00												
				D													0.00				152.58	0.00	24.63	34.43	5.63	3.05	1.30	63.40	921.14
All or Part of Fringes Paid to Employee: NO				Vacation, Holiday and Dues in Gross Pay: YES				Rate in Lieu of Fringes:		Total in Lieu of Fringes	Total Base Rate + Fringes	Voluntary Pension	Voluntary Medical	H & W Rate	Pension Rate	Vac Hol Rate	Training Rate	All Other Rate	Total Fringe Rate to 3rd	Payroll Payment Date									
											62.52	0.00	0.00	9.85	13.77	2.25	1.22	0.52	25.36										
																						*		*					

TOTAL STANDARD HOURS :	2.50	TOTAL 1.5 OT HOURS:	0.00	TOTAL 2.0 OT HOURS:	0.00	GRAND TOTAL HOURS:	2.50
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Statement of Compliance

Date Tuesday, February 7, 2017

I, Teena Sowers, Administrative Assistant do hereby state:

(1) That I pay or supervise the payment of the persons employed by APPLIED MECHANICAL, INC. on the TMWRF LABORATORY BUILDING HVAC REPLACEMENT; that during the payroll period commencing on 1/23/2017 and ending on 1/29/2017 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said APPLIED MECHANICAL, INC. 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, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

All comments are in the notes on the submitted Certified Payroll Report.

(2) That any payrolls otherwise under this contract 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 contract; that the classifications set forth therein for each laborer or mechanic conform with the work he 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.

(4)That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

[X] - in addition to the basic hourly wage rates paid to each laborer or mechanic 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 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

[ ] - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS:

EXCEPTION (CRAFT)	EXPLANATION

REMARKS: *FRINGE BENEFITS UPDATED*

NAME: Teena Sowers

TITLE: Administrative Assistant

Electronic Signature Code: 0061610-1100076-2368/WA-2016-002-1/29/2017-RECERT-131309663113747657

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

## Certified Payroll Report for Non Performing Week

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For week ending on: January 29, 2017

Payroll Number: 1

Date 1/31/2017 12:00:00AM

**Project:**

I100076-2368/WA-2016-002 - TMWRF Laboratory Building HVAC Replacement

**Contractor:**

0005493A - THOLL FENCE, INC.

NICOLE ALOSI

775-352-8288

PO BOX 855

SPARKS, NV 89432

Subcontractor To: APPLIED  
MECHANICAL, INC.

**CERTIFICATION FOR NON PERFORMING WEEK**

I, Shawna Downs, Controller do hereby state:

(1) That I pay or supervise the payment of the persons employed by THOLL FENCE, INC. on the TMWRF LABORATORY BUILDING HVAC REPLACEMENT; that during the payroll period comencing on 1/23/2017 and ending on 1/29/2017 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said THOLL FENCE, INC. 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, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 167; 3145), and described below:

All comments are in the notes on the submitted Certified Payroll Report.

(2) That any payrolls otherwise under this contract 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 contract; that the classifications set forth therein for each laborer or mechanic conform with the work he 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.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

X - in addition to the basic hourly wage rates paid to each laborer or mechanic 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 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS:

Any exceptions to the above are reported in the certified payroll in the notes section for the specific individual.

REMARKS:

NAME: Shawna Downs

TITLE: Controller

Electronic Signature Code: 0005493A-I100076-2368/WA-2016-002-1/29/2017-0-131303623032330595