U.S. Department of Labor WH347 (Certified Payroll Reports)
Authorized Signature Certification

I hereby certify that I am an Owner/Officer/Principal of

By my authority as Owner , I am certifying to the fact the following person has been appointed as authorized signature for the WH347 Certified Payroll Reports for at

Authorized Signature Printed Name:
Title:

Signature:

Date Signed:

The person I have appointed with this signature authorization is knowledgeable of Davis Bacon and Related Acts compliance requirements and has knowledge of the facts set forth in the payroll documents and in the Statement of Compliance. This authorization is valid until such time as I submit to the Iowa Finance Authority a new signature authorization certification form appointing another person for the purposes hereinabove stated.

Authorizing Owner/Officer/Principal Printed Name

Authorizing Owner/Officer/Principal Signature **Date Signed**