



Authorized Signatory

Port Project#: _____

Port Project Name: _____

Your Company Name: _____

Address: _____

City, State & Zip: _____

Date: _____

Dear Mr. /Mrs.

This correspondence is to affirm that the person(s) identified below have the authority under penalty of perjury to so affirm, that the records are originals or are full, true and correct copies of the original and depict truly, fully and correctly the craft or type of work performed, hours and days worked, and the amounts by category listed, disbursed by way of cash, check, or in whatever form or manner to each person by job classification and/or skill pursuant to a public works contract. **The persons identified below must be owners or officers of the company.**

(1)

(2)

Print Name of Authorized Signatory

Print Name of Authorized Signatory

Signature of Authorized Signatory

Signature of Authorized Signatory

Title of Authorized Signatory

Title of Authorized Signatory

Email Address

Phone Number