

**BROWARD COUNTY**

**LIVING WAGE EMPLOYER CERTIFICATION**

(This certification must be provided at the request of the purchasing agent before award of the contract.)

Employer:	Date:
Address:	
Phone Number:	Local Contact:
Bid/Contract Number:	Address:
Contract Amount:	Phone Number:
Department Served:	

Brief Description of Service Provided:

Please check one:

By signing below I hereby certify that the employees listed below:

A. \_\_\_ Receive a minimum pay of \$\_\_\_\_\_ per hour and are provided health benefits valued at \$\_\_\_\_\_ per hour.

B. \_\_\_ Receive a minimum pay of \$\_\_\_\_\_ per hour and are not provided health benefits.

Please check one:

\_\_\_ Names of employees to be providing covered services for the above referenced contract:

Names	A or B	Names	A or B
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

(Use reverse side or attach information, if needed)

I, \_\_\_\_\_, \_\_\_\_\_, hereby certify that \_\_\_\_\_ is committed  
Name Title Contractor  
to pay all employees working on this contract/project, and therefore covered by the Broward County Living Wage Ordinance 2002-45, in accordance with wage rates and provisions of the Living Wage Ordinance. I further certify that all of the information provided above is true, complete and correct.

By \_\_\_\_\_  
Signature Print/Type Name and Title