OFFICE OF THE LABOR COMMISSIONER 1818 COLLEGE PARKWAY, SUITE 102 CARSON CITY, NEVADA 89706 PHONE (775) 684-1890 FAX (775) 687-6409

E-Mail: mail1@labor.nv.gov

## STATE OF NEVADA Office of the Labor Commissioner

OFFICE OF THE LABOR COMMISSIONER 3300 W. SAHARA AVE. SUITE 225 LAS VEGAS, NEVADA 89102 PHONE (702) 486-2650 FAX (702 486-2660

E-Mail: <u>publicworks@labor.nv.gov</u>

## NOTICE OF COMPLETION FOR PUBLIC WORKS PROJECT

\* NRS 338.013 (4) The public body which awarded the contract shall report the completion of all work performed under the contract to the Labor Commissioner before the final payment of money due the contractor by the public body.

Phone: (	Public Works Project (PWP) #		Bid/Contract #:		
Address:    Phone:	Project Name:		Project Location:		
Contact Person/Title:    E-Mail:	Awarding Body: Address:				
Prime Contractor:    Email:	Phone: Contact Person/Title:		Fax: ()		
Yes No  ☐ The above project has been completed to the Awarding Body's satisfaction and is being reported to the Labor Commissioner prior to the final payment of money due the contractor pursuant to NRS 338.013(4); Yes No  ☐ The certified payroll reports of the contractors and subcontractors on this project have been examined to the extent necessary to assure compliance with the provisions of NRS 338.010 to 338.090, inclusive, and NAC 338.005 to 338.125, inclusive; Yes No  ☐ To the best of my knowledge, the requirements of NRS 338.010 to 338.090, inclusive, and NAC 338.005 to 338.125, inclusive have been met by the contractors and subcontractors; and Yes No  ☐ To the best of my knowledge, there are no outstanding claims, forfeitures or other enforcement issues regarding the proper payment of prevailing wages on this project. Yes No  ☐ All Requirements of the Apprenticeship Utilization Act have been met regarding this project. (If no, an explanation and/or a copy of the approved waiver must be attached to this document.)  Printed Name/Title Signature Date *By signing this form, you certify that the information you have provided is true and correct to the best of your knowledge.  For Office of the Labor Commissioner's Use Only:  Notes:	E-Mail:			<del></del>	
Yes No  The above project has been completed to the Awarding Body's satisfaction and is being reported to the Labor Commissioner prior to the final payment of money due the contractor pursuant to NRS 338.013(4);  Yes No  The certified payroll reports of the contractors and subcontractors on this project have been examined to the extent necessary to assure compliance with the provisions of NRS 338.010 to 338.090, inclusive, and NAC 338.005 to 338.125, inclusive;  Yes No  To the best of my knowledge, the requirements of NRS 338.010 to 338.090, inclusive, and NAC 338.005 to 338.125, inclusive have been met by the contractors and subcontractors; and Yes No  To the best of my knowledge, there are no outstanding claims, forfeitures or other enforcement issues regarding the proper payment of prevailing wages on this project.  Yes No  All Requirements of the Apprenticeship Utilization Act have been met regarding this project. (If no, an explanation and/or a copy of the approved waiver must be attached to this document.)  Printed Name/Title  Signature  Date  *By signing this form, you certify that the information you have provided is true and correct to the best of your knowledge.  For Office of the Labor Commissioner's Use Only:  Notes:	Prime Contractor:	Email:			
The above project has been completed to the Awarding Body's satisfaction and is being reported to the Labor Commissioner prior to the final payment of money due the contractor pursuant to NRS 338.013(4);  Yes No  The certified payroll reports of the contractors and subcontractors on this project have been examined to the extent necessary to assure compliance with the provisions of NRS 338.010 to 338.090, inclusive, and NAC 338.005 to 338.125, inclusive;  Yes No  To the best of my knowledge, the requirements of NRS 338.010 to 338.090, inclusive, and NAC 338.005 to 338.125, inclusive have been met by the contractors and subcontractors; and Yes No  To the best of my knowledge, there are no outstanding claims, forfeitures or other enforcement issues regarding the proper payment of prevailing wages on this project.  Yes No  All Requirements of the Apprenticeship Utilization Act have been met regarding this project. (If no, an explanation and/or a copy of the approved waiver must be attached to this document.)  Printed Name/Title  Signature  Date  *By signing this form, you certify that the information you have provided is true and correct to the best of your knowledge.  For Office of the Labor Commissioner's Use Only:  Notes:	Date of Completion:		Final Contract Amoun	nt: \$	
*By signing this form, you certify that the information you have provided is true and correct to the best of your knowledge.  For Office of the Labor Commissioner's Use Only:  Notes:	to the extent necessary NAC 338.005 to 338.12  Yes No  To the best NAC 338.005 to 338.12  Yes No To the best of regarding the proper payers  Yes No All Requirements	y to assure comp 25, inclusive; of my knowledg 25, inclusive hav f my knowledge, ayment of prevai	ge, the requirements of NRS 338.010 to ge, the requirements of NRS 338.010 to ge been met by the contractors and subcontractors are no outstanding claims, forfeitures giling wages on this project.	338.090, inclusive, and assertions; and or other enforcement issues arding this project. (If no, an	
Notes:	*By signing this form,				
	For Office of the Labor Co	mmissioner's Use	Only:		
Printed Name/Title: Signature: Date	Notes:				
	Printed Name/Title:		Signature:	Date	