

**STATE OF NEVADA**  
**Office of the Labor Commissioner**

**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.

**Public Works Project (PWP) #** \_\_\_\_\_ **Bid/Contract #:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_ **Project Location:** \_\_\_\_\_

**Awarding Body:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

**Contact Person/Title:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Prime Contractor:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Completion:** \_\_\_\_\_ **Final Contract Amount: \$** \_\_\_\_\_

**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:** \_\_\_\_\_

\_\_\_\_\_  
Printed Name/Title:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date

**Date Received:** \_\_\_\_\_

**Date Returned:** \_\_\_\_\_