

## CERTIFICATION

I, the official named below, certify I have read and understand this Worker Protection and Certification Form and I am duly authorized to execute this certification on behalf of the firm identified below, and the firm identified below is compliant with all applicable Pennsylvania state labor and workplace safety laws, including, but not limited to, those listed in Paragraph A, above. I understand that I must report any change in the firm's compliance status to the DGS Public Works immediately. I further confirm and understand that this Certification is subject to the provisions and penalties of 18 Pa. C.S. § 4904 (Unsworn falsification to authorities).

<i>Signature</i>	<i>Date</i>
<i>Name (Printed)</i>	
<i>Firm Name (Printed)</i>	
<i>DGS Project Number</i>	