



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Petroleum Storage Tank Fund
 633 17th Street, Suite 500
 Denver, CO 80202-3610

Phone: 303-318-8525
 Fax: 303-318-8488
 Email: cdle_fund@state.co.us
 Web: www.colorado.gov/ops

Affidavit: Work Performed by Applicant

(Revised 9/10/2015)

Site Information

Site Name:					
Site Address:		City:		State:	
				ZIP:	

Work Information

Event #:		Start Date (earliest date of work):		End Date (last date of work):				
Phase of Work Code (PWC)	Activity Code (AC)	Task or Labor Code (TLC)	Task Description ¹	Units	Quantity	Unit Rate Requested Reimbursement ²	Subtotal Requested Reimbursement	Total Requested Reimbursement ³
Grand Total:								

For work performed before July 1, 1997:
¹Work can be labor only (not management).
²Employee's actual wage. No overtime permitted unless written justification indicates that overtime was necessary or feasible.
³Actual hourly wage may be increased by maximum of 20% to reflect indirect labor costs. No further markup is permitted.

For work performed on or after July 1, 1997:
¹The work performed should conform to the list of responsibilities and duties in Article 4, Part 5 of Colorado's Reasonable Cost Guidelines. Include employee name if work performed by someone other than the applicant.
²Employee's actual wage. No overtime permitted unless written justification indicates overtime was necessary or feasible.
³The reimbursement amount requested should not exceed the maximum rate established in Article 4, Part 5 of Colorado's Reasonable Cost Guidelines.

Consultant/Contractor Certification

I, being first duly sworn upon oath and being of lawful age, state that I routinely supervise petroleum remediation projects in my normal course of business, that the work listed above was a necessary component of remediation at this site and that this labor was performed under my supervision and direction.

Consultant/Contractor Name:	Title:
Consultant/Contractor Signature:	Date:
Company Name:	Company Listed Consultant #:

Notary Public Certification	Subscribed and sworn to before me in the county of _____, State of _____, this _____ day of _____, _____. Notary Public Printed Name: _____ Signature: _____ My Commission Expires: _____
-----------------------------	---

Applicant Certification

I, being first duly sworn upon oath and being of lawful age, state that the foregoing information is correct to the best of my personal knowledge, information and belief. The work described was performed by me or my employees related to remediation of this site. I understand that there are severe civil and criminal penalties for making any false statement or misrepresentation of a material fact, knowing it to be false, or failing to disclose a material fact with the intent to defraud.

Name:		Title:	
-------	--	--------	--

Signature:		Date:	
------------	--	-------	--

Company Name:	
---------------	--

Notary Public Certification	Subscribed and sworn to before me in the county of _____, State of _____, this _____ day of _____, _____.
	Notary Public Printed Name: _____
	Signature: _____
	My Commission Expires: _____