



Colorado Department of Labor and Employment  
 Division of Oil and Public Safety – Petroleum Storage Tank Fund  
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# Affidavit: Work Performed by Employees of Listed Applicant

(Revised 4/22/2015)

## Employee and Site Information

Employee Name:		Employee Individual Consultant #:	
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 <sup>1</sup>	Units	Quantity	Unit Rate Requested Reimbursement <sup>2</sup>	Subtotal Requested Reimbursement	Total Requested Reimbursement

<sup>1</sup> The work performed should conform to the list of responsibilities and duties in Article 4, Part 5 of Colorado's Reasonable Cost Guidelines.

<sup>2</sup> Hourly rates should not exceed the rates in Article 4, Part 5-2 of Colorado's Reasonable Cost Guidelines.

**Grand Total:**

## Listed 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 and that the work listed above was a necessary component of remediation at 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.

Employer Name:		Title:		Phone #:	
Employer 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: _____

**Employee Certification**

Leave this section blank if the employee is no longer employed by the applicant.

(Last day of employment: \_\_\_\_\_ )

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 and that the work listed above was a necessary component of remediation at 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. As an employee of the applicant, I certify that I was paid in full for my work.

Employee Name:	_____	Title:	_____	Phone#:	_____
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Employee Signature:	_____	Date:	_____
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Company Name:	_____
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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: _____