

<b>Labor Commissioner, State of California</b> Department of Industrial Relations Division of Labor Standards Enforcement 300 Oceangate Ste 850 Long Beach, CA 90802 (562) 983-1453 FAX: 562-499-6439	
DATE _____	In Reply Refer to Case No. _____

**CERTIFIED PAYROLL RECORD - ADDITIONAL INFORMATION**

PROJECT NAME: _____	Project No. _____
Prime Contractor _____	
Subcontractor _____	

To enable us to obtain the correct records in response to your certified payroll request, please provide the following information:

**SUBCONTRACTOR:**

Name  
 Complete Address  
 Phone Number  
 License Number

**GENERAL (PRIME) CONTRACTOR:**

Name  
 Complete Address  
 Phone Number  
 License Number

**PROJECT:**

Project Name  
 Project Location  
 County  
 Contract Number

**AWARDING BODY:**

Name  
 Complete Address  
 Phone Number

Dates (beginning and ending) of the records sought.

Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please send a check or money order for \$11.00 made payable to the State Labor Commissioner.

This Office has received a reply from \_\_\_\_\_, regarding your certified payroll request. A copy of the letter is enclosed for your review. If we do not hear from you within fifteen (15) days, it will be necessary to close the file.

Your certified payroll request has been closed for the following reason(s):

The records requested have been provided.

Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
 Deputy Labor Commissioner I