

**Union Affiliates**

Project Name: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

If you are affiliated with unions, please list:

Union Name & Local #	Phone #	Fax #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that I have all my responsibilities are paid to any of the unions listed above. In addition, I give permission for a representative of Portzen Construction, Inc. to confirm that I have all my responsibilities paid.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**OR**

I hereby certify that I am not affiliated with any unions.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**\*\* This form must be executed and returned with Subcontract Agreement \*\***