



AASHTOWare

Contractor User Registration Form (LDAP)

An AASHTOWare User is the person (or persons) who has the authority to submit and sign the Statement of Compliance on certified payrolls on behalf of the company. This Statement of Compliance is a sworn statement that the information provided on the certified payrolls is true and accurate. Submitting false information on certified payroll may cause a contractor or subcontractor to be debarred from public construction.

- *Once complete, return this form to the mailing address listed above, by email to: WageHourCertPay@alaska.gov, or by fax to (907) 269-4915.*

[1] Your company must first be registered with the State of Alaska's IRIS Vendor Self Service, and have the commodity code 913 entered on your account. DOT&PF has provided instructions to verify whether your company is properly registered, and on how to register here:

<http://dot.alaska.gov/aashtoware/docs/AWP-vendor-guidance.pdf>.

Once you locate your vendor ID, it will need to be entered into Section [2]

[2] Identify the business that is requesting the User account.

Company Name: _____ IRIS Vendor ID#: _____

Alaska ID#: _____ FEIN#: _____ Work Comp Policy#: _____

Business License#: _____ Contractor License#: _____

Entity Type (Select One): Sole Proprietor LLC/LLP Corporation (includes LLC/LLP that files taxes as corporation)

[3] Who is the User for this company? (Complete all lines in this section)

Name: _____ Job Title: _____

Phone#: _____ Email Address: _____

Select One: Employee Bookkeeper Owner/Member/Corp. Officer

Other (Explain) _____

[4] Is this person authorized to electronically sign submitted data for this company?

Electronic signature authority is required to legally and fully submit certified payroll for review by Prime Contractor, DOT&PF, and DOLWD.

Yes ____ No ____ Grant electronic signing authority to the user named in section [3].

[5] Company Officer legally reviewing and approving this form (Signature must be notarized):

I, the undersigned, verify and attest that I am a duly sworn officer of the company whose IRIS Vendor ID is listed above in section [2], and that the individual listed in section [3] is an employee and/or legal affiliate designated to submit certified payroll in the AASHTOWare system selected for this company.

Printed Name: _____ Email: _____

Position/Title: _____ Phone#: _____

Signed at _____, _____, this _____ day of _____, _____
(city) (state) (day) (month) (year)

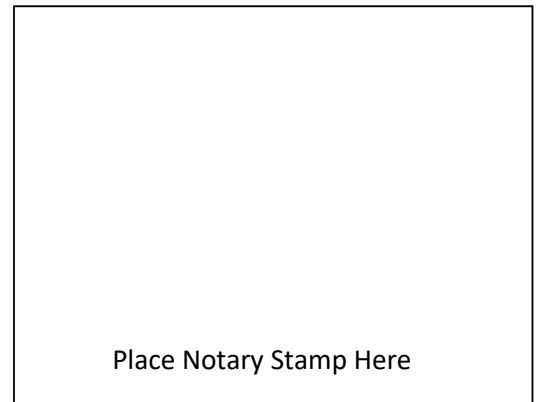
Signature: _____

Notary Stamp:

Subscribed and sworn before me in the place and date above written.

Notary Printed Name: _____

(You may not notarize this form if you are the user listed in Section [3] above.)



Signature: _____ Notary Expiration Date: _____