

# Wage Bond Status Affidavit

West Virginia Division of Labor  
Capitol Complex, Building 6, Room 749B  
Charleston, WV 25305

Phone (304) 558 7890  
Fax (304) 558 3797  
<http://www.wvlabor.org>



(Company Name)	(dba Name)
(Street Address)	(City) (State) (Zip)

Project Location			
FEIN OR WV TAX #	PHONE #		

Type of business: Construction  Mining  Transportation of Minerals

One of the following two sections must be fully completed by the individual or company submitting the affidavit.

<p><b>BOND EXEMPTIONS</b> (Check if Applicable)</p> <p><input type="checkbox"/> Work is limited to single family dwellings and/or family farming enterprises</p> <p><input type="checkbox"/> No current employees</p> <p><input type="checkbox"/> Subcontracts all work</p> <p><input type="checkbox"/> Permit Holder Only</p> <p><input type="checkbox"/> Owner Operator / Sole Prop.</p> <p>If no boxes were checked above, you must complete the box to the right.</p> <p style="text-align: center;">—————→</p>	<p><b>Has your company been ACTIVELY engaged in business in West Virginia with employees for the past five (5) consecutive years?</b></p> <p><input type="checkbox"/> YES: If you have not maintained an unemployment account with Workforce WV for the last five consecutive years, verification may be required.</p> <p><input type="checkbox"/> NO: State gross amount of payroll for four (4) weeks plus 15% at FULL CAPACITY or PRODUCTION: \$ _____ covering a total of _____ employees working in West Virginia.</p> <p><b>If operations have not yet begun:</b> Indicate anticipated start date: _____</p> <p>Expected gross amount of payroll for four (4) weeks plus 15% at FULL CAPACITY or PRODUCTION: \$ _____ covering a total of _____ employees working in WV.</p>
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I \_\_\_\_\_ as \_\_\_\_\_  
(print name of owner, partner, member or corp officer) (enter title)

of the above named entity understand that it is my responsibility to increase my wage bond whenever my workforce increases and that failure to maintain an adequate wage bond may result in administrative and/or criminal action.

\_\_\_\_\_  
(signature of authorized representative) (date)

Taken, subscribed, and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public Signature) My commission expires \_\_\_\_\_