

REPORT NUMBER	STATE PROJECT NUMBER(S)	CONTRACT NUMBER(S) (IF APPLICABLE)
PRIME CONTRACTOR		PROJECT LOCATION
HIRING CONTRACTOR'S LEGAL COMPANY NAME		CONTACT PERSON NAME
ADDRESS (Street, City, State and Zip Code)		CONTACT PERSON EMAIL ADDRESS
TELEPHONE NUMBER		PLEASE CHECK THE TYPE OF HIRING CONTRACTOR: <input type="checkbox"/> PRIME <input type="checkbox"/> SUBCONTRACTOR <input type="checkbox"/> TRUCKING CO. <input type="checkbox"/> BROKER

1. I pay or supervise the payment of all Multiple Truck Owners (MTOs), which includes Trucking Firms, Brokers and/or Independent Truck Owner/Operators (ITOs) hired by the above listed contractor for this contract; that during \_\_\_\_\_, 20\_\_\_\_, I paid \_\_\_\_\_ MTOs and/or ITOs to perform hauling activities for this contract.

(Month)

(Year)

(Number)
2. All MTOs and/or ITOs hired by the above listed Contractor to perform hauling activities for this contract are listed on the Month-End Trucking Report and have been paid truck rental rates for all hours worked pursuant with the Minnesota Department of Labor and Industry's Truck Rental Rate decision incorporated into this contract and in accordance with the contract provisions, Minnesota Statutes 177.41 – 177.44, and Minnesota Rules 5200.1000 – 5200.1120.
3. No rebate or deduction has or shall be made, either directly or indirectly, to or on behalf of the above listed Contractor from the full payment owed, except permissible deductions established in Minnesota Rule 5200.1106.
4. All subcontractor agreements, contracts or purchase orders executed between the above listed Contractor and all MTOs and/or ITOs contain language consistent with the contract Labor Provisions, including Wage Decision(s) and the Truck Rental Rate decision incorporated into the above referenced contract.
5. All Certified Payroll Reports and Month-End Trucking Reports submitted by the subcontractors, MTOs and/or ITOs performing hauling activities for this contract shall be submitted in accordance with the Contract Labor Provisions.

<b>A.</b>	<b>NAME OF HIRING CONTRACTOR REPRESENTATIVE (PRINT)</b>	<b>SIGNATURE</b>	<b>DATE</b>
As a representative of the hiring contractor, I hereby certify that this Statement of Compliance Form, along with the attached METR Form A and/or Form B is accurate, truthful, and complete to the best of my knowledge.			
<b>B.</b>	<b>NAME OF PRIME CONTRACTOR REPRESENTATIVE (PRINT)</b>	<b>SIGNATURE</b>	<b>DATE</b>
As a representative of the Prime Contractor, I have reviewed the hiring contractor's Statement of Compliance Form and the attached METR Form A and/or Form B and certify to the best of my knowledge that the reports are an accurate representation of the work performed.			

\*\* If the hiring contractor is the **prime contractor**, it must sign line A above and attach this document to a **METR Form A** and/or **Form B**. The **prime contractor** must submit its certified METRs, along with those of its subcontractors and/or hired trucking entities to the **Department** within ten (10) working days after the month ending date. Please note that the term **Department** in the previous sentence is defined in the MnDOT Standard Specifications for Construction, Section

\*\*\* If a subcontractor and/or any hired trucking entity is subject to certified payroll reporting, the **Prime Contractor** must collect, review, sign and submit those reports in accordance with the contract **Special Provisions Division A – LABOR, Section X**.

<b>"FORM A"</b> (1/2017)  <b>MTO Month-End Trucking Report</b> <b>Multiple Truck Owner(s)</b> <i>To Complete This Form Refer to Instructions A through L</i>		[A] <u>Report Number:</u>		[B] <u>Month and Year:</u>		
		[C] <u>State Project Number(s):</u>			[D] <u>Contract Number (if applicable):</u>	
		[E] <u>Hiring Contractor's Legal Company Name:</u>				

  

[F]		[G]						[H]	[I]	[J]	[K]
Legal Company Name:	Vendor Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Month Number of Trucks Per Day						Hourly Rate Paid For	Total Hours For	Hourly Broker Fee	Total Paid (K = H * I)
Street Address:		1	2	3	4	5	6	Tractor Only \$			
City, State and Zip Code:		7	8	9	10	11	12	Tractor Trailer \$			
Contact Person:		13	14	15	16	17	18	5+ Axle \$			
Telephone Number:		19	20	21	22	23	24	4 Axle \$			
Email Address:		25	26	27	28	29	30	3 Axle \$			
SWIFT/Vendor Number:	Federal DOT Number:	31	[L] Additional reporting is required.					[M] Total		N/A	\$

<b>"FORM B"</b> (1/2017)  <b>ITO Month-End Trucking Report</b> <b>Independent Truck Owner/Operator(s)</b> <i>To Complete This Form Refer to Instructions A through E and M through S</i>		[A] <u>Report Number:</u>		[B] <u>Month and Year:</u>		
		[C] <u>State Project Number(s):</u>			[D] <u>Contract Number (if applicable):</u>	
		[E] <u>Hiring Contractor's Legal Company Name:</u>				

  

[M]		[N]						[O]	[P]	[Q]	[R]
Legal Company Name:	Vendor Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Month Hours Worked Per Day						Hourly Rate Paid For	Total Hours For	Hourly Broker Fee	Total Paid For (R = O * P)
Street Address:		1	2	3	4	5	6	Tractor Only S			
City, State and Zip Code:		7	8	9	10	11	12	Tractor Trailer S			
Driver's Name:		13	14	15	16	17	18	5+ Axle S			
Telephone Number:	Federal DOT Number:	19	20	21	22	23	24	4 Axle S			
Email Address:	Truck Unit Number:	25	26	27	28	29	30	3 Axle S			
MN SWIFT/Vendor Number:	License Plate Number:	31	[S] A valid ITO has no reporting requirements.					[T] Total			\$