

MONTH-END TRUCKING REPORT (METR) STATEMENT OF COMPLIANCE

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:
	☐ PRIME ☐ SUBCONTRACTOR ☐ TRUCKING CO. ☐ BROKER
I,,	for the contractor listed above, do hereby state that:
1. I pay or supervise the payment of all Multiple Truck Owners	s (MTOs), which includes Trucking Firms, Brokers and/or Independent Truck this contract; that during, 20, I paid MTOs (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.	
 No rebate or deduction has or shall be made, either directly or owed, except permissible deductions established in Minnesota R 	indirectly, to or on behalf of the above listed Contractor from the full payment Rule 5200.1106.
	ecuted between the above listed Contractor and all MTOs and/or ITOs containing Wage Decision(s) and the Truck Rental Rate decision incorporated into the
 All Certified Payroll Reports and Month-End Trucking Reports s for this contract shall be submitted in accordance with the Contra 	submitted by the subcontractors, MTOs and/or ITOs performing hauling activities act Labor Provisions.
	eport may subject the contractor to civil or criminal prosecution under .315, Subdivision 2; 177.43, Subdivision 5; 177.44, Subdivision 6; 609.63;
A. NAME OF HIRING CONTRACTOR REPRESENTATIVE	(PRINT) SIGNATURE DATE
As a representative of the hiring contractor, I hereby certify that this	s 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 l	knowledge.
B. NAME OF PRIME CONTRACTOR REPRESENTATIVE (PRINT) SIGNATURE DATE
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.	

- * The **hiring contractor** must **sign line A** above and attach this document to a **METR Form A** and/or **Form B** and submit the entire report to the **prime contractor** within five (5) working days after the month ending date. The Prime Contractor must review the entire report, and, if accepted, **sign line B** above. If the prime contractor does not accept the hiring conractor's report, it shall return the report to the hiring contractor.
- ** 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 <u>MnDOT Standard Specifications for Construction, Section 1103</u>.
- *** 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.**