

OWNER-OPERATOR LISTING

NAME OF CONTRACTOR EMPLOYING OWNER OPERATOR(S)			ADDRESS											
PAYROLL NO.	FOR THE WEEK ENDING	PROJECT AND LOCATION					CONTRACTOR NO.#							
NAME, ADDRESS, SOCIAL SECURITY NO. AND CONTRACTOR'S LICENSE NO. OF OWNER OPERATOR (IF ANY)	WORK CLASSIFICATION	DESCRIPTION OF EQUIPMENT	TRUCK CALT. # AND/ OR EQUIP. LICENSE #	OT OR ST	DAY AND DATE						TOTAL WEEKLY HOURS	HOURLY RATE OF PAY	GROSS PAYMENT EARNED	CHECK NO.
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NOTE: CERTIFICATION WILL BE ACCEPTED ONLY FROM THE CONTRACTOR EMPLOYING THE OWNER OPERATOR. IT WILL NOT BE ACCEPTED FROM THE OWNER OPERATOR HIM/HERSELF.