



Employer Trustees and the successors as full and completely as if made by the undersigned and agrees to make the contributions required by the prevailing area bargaining agreement between the union contractors of the area and the Union representing the employees listed herein. The Employer also certifies that none of the persons listed herein is a sole proprietor, partner or self-employed individual.

**Name of** \_\_\_\_\_ **Officer of Firm** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Submitted** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

TO OBTAIN ADDITIONAL FORMS, GO TO [WWW.IRONWORKERSDCWNY.COM](http://WWW.IRONWORKERSDCWNY.COM)