



**CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF CONTRACT ADMINISTRATION**

REQUEST FOR ACCESS TO ONLINE CERTIFIED PAYROLL SYSTEM

Project Name:			
Contract No.:			
Company Name:			
Mailing Address:			
Awarding Department:			
D.I.R. Contractor Reg.#			
Phone Number(s):	Fax Number(s):		
BTRC:	Contractor License No.:		
Federal Tax ID:			

I, _____, am an owner, partner, or executive officer of the company listed above. I authorize the following employees to use the Bureau of Contract Administration's (BCA) Online Certified Payroll System to submit and certify payrolls on behalf of the company.

Employee Name:	E-mail Address:

This request is effective immediately upon receipt by the BCA and will remain in effect until I choose to cancel this request via written notification to the BCA. I understand that it is my responsibility to update and/or cancel this request under all circumstances, including the departure or terminated association of myself or any or the above-listed employees with the above-listed contractor.

Signature of Owner/Partner/Executive Officer: _____
 Title: _____
 Date: _____