



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

REQUEST FOR ACCESS TO ONLINE CERTIFIED PAYROLL SYSTEM

Company Name:			
Mailing Address:			
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 submit and certify payrolls on behalf of the company.

Employee Name:	E-mail Address:

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