



E- Signature Authorization

Online Certified Payroll System (OCPS)
Public Works, Bureau of Contract Administration
Office of Contract Compliance



This authorization may only be completed by a registered owner, partner, executive officer, or authorized employee (with proof of authorization) of the contractor submitting this form and must contain an original signature to be submitted to the OCC.

Authorization Agreement

I am an owner, partner, executive officer, or duly authorized employee of the below-listed contractor and have authority to enter into agreements on behalf of the below-listed contractor. By signing this Electronic Signature Authorization Agreement, I authorize the BCA to accept, via electronic submission, documents submitted from the below-listed contractor as required by the BCA's Online Certified Payroll System, which may include, but is not limited to: Certified Payroll Records and Statements of Compliance.

I agree for the below-listed contractor that it will exclusively use BCA's Online Certified Payroll System for all City of Los Angeles public works projects on which the below-listed contractor is required to submit Certified Payroll Reports electronically. I understand that BCA may change the Online Certified Payroll System from time to time. I agree that the below-listed contractor will electronically sign, by use of an established Personal Identification Number (PIN), all documents requiring a signature that are submitted to BCA via its Online Certified Payroll System.

My signature on this form certifies that:

I agree that my Personal Identification Number (PIN) which I establish on BCA's Online Certified Payroll System constitutes my electronic signature. I understand that any information and documents submitted using my PIN is electronically certifying my signature. I understand that I am legally bound, obligated, and responsible by use of my PIN/electronic signature as much as I would be by my handwritten signature. I agree that I will protect my signature from unauthorized use, and that I will contact BCA immediately, upon discovery that my PIN/electronic signature has been lost, stolen, or otherwise compromised. I certify that my PIN/electronic signature is for my own use, that I will keep it confidential, and that I will not delegate it or share it with any individual.

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 my departure or terminated association with the below-listed contractor.

Contractor Information

Contractor Name:	Contractor's License No. (CSLB#):	
Mailing Address:	Federal Tax ID No.:	
	Select One: <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor	
Email Address:	Phone No.:	Fax No.:

Contractor Signature

Print Name:	Print Title:
Signature:	Date:

Please scan and email the signed copy of this agreement along with the Request for Access form to: OCPS.help@lacity.org

FOR INTERNAL USE ONLY

Accepted by OCC Analyst:	Signature	Date:
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