



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

**REQUEST FOR ACCESS TO ONLINE CERTIFIED PAYROLL SYSTEM**

Project Name:			
Work Order No.:		Contract No.:	
Awarding Department:			
Company Name:			
Mailing Address:			
Phone Number(s):		Fax Number(s):	
D.I.R. Contractor Reg.#			
Contractor License No.:		Federal Tax ID:	
Business Tax Registration Certificate (BTRC)			
Scope of Work (required):			

I, \_\_\_\_\_, am representing 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 Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_