



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

REQUEST FOR ACCESS TO ONLINE CERTIFIED PAYROLL SYSTEM

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|--|--|-------------------------------------|--|
| Full Project Name: * | | | |
| Project's OCPS Work Order No.: * | | Project's D.I.R Registration No.: * | |
| Project's Awarding Department: * | | Project's Contract No.: | |
| Contractor's Complete Name: Sub: Prime: | | | |
| Contractor's Mailing Address: * | | | |
| Contractor's Phone Number(s): * | | Contractor's Email Address: * | |
| Contractor's D.I.R. Registration No. * | | | |
| Contractor's License No. (CSLB#) / or (MCP#): * | | Contractor's Federal Tax ID No.: | |
| Contractor's Business Tax Registration Certificate(BTRC#): * | | | |
| Contractor's Scope of Work: * | | | |

* Indicates required field. If not sure, please contact your project prime contractor.

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's Name: | Employee's E-mail Address: |
|------------------|----------------------------|
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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: _____
 Representative's Email Address: _____
 Date: _____

* Please scan and email this signed copy along with the E-Signature Authorization form to: OCPS.help@lacity.org *