



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

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

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:

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](mailto:OCPS.help@lacity.org) \*