

To be made by the Contractor as a condition for release of holdback.

Identification of ContractContract Name *(site number, location and description of the work as on Bid and Contract form)*

Name of Owner

Date of Contract *(mm/dd/yyyy)*

Name of Contractor

Name of Consultant

Identification of Declarant

Full Name of Declarant

Position or Title *(of office held with Contractor)*Business Name *(Name of Contractor)*

Business Address

City or Town

Province/Territory

Postal Code

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Declaration

I, the undersigned, solemnly declare that as of the date of this declaration, I am an authorized signing officer of the Contractor named in the Contract identified above, and as such have authority to bind the Contractor, and have personal knowledge that all insurance and Worker's Compensation Board premiums, accounts for subcontracts and other costs which have been incurred by the Contractor in the performance of work as required by the Contract, and for which the Owner might in any way be held responsible, have been paid in full.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Declarant

Making a false or fraudulent declaration is a contravention of the Criminal Code of Canada, and could carry, upon conviction, penalties including fines, imprisonment, or both.

Attestation *(to be completed by a person empowered to receive declarations, e.g., Commissioner of Oaths, Notary Public, etc.)*

Declared before me at _____

in the Province of _____

dated _____



X

*Signature of Notary Public or Commissioner for Oaths
in and for the Province of Alberta*

Print Name

Any changes or corrections on this Statutory Declaration must be initialed by the person before whom the declaration is made.

Expiry Date of Commission