

Torres-Rojas, Genara

From: christina@cmontorio.com
Sent: Friday, January 29, 2016 1:33 PM
To: Olivencia, Mildred
Cc: Torres-Rojas, Genara; Van Duyne, Sheree; Ng, Danny; Shalewitz, William
Subject: Freedom of Information Online Request Form

Information:

First Name: Christina
Last Name: Montorio
Company: International Brotherhood of Teamsters
Mailing Address 1: 3400 Highway 35 South
Mailing Address 2:
City: Hazlet
State: NJ
Zip Code: 07730
Email Address: christina@cmontorio.com
Phone: 7328880100
Required copies of the records: Yes

List of specific record(s):

Please provide copies of certified payroll records for all work performed by Lourenco Contracting Co. Inc. USDOT 1647871 for Conti Group on the below referenced project from 2014 to present: Aviation Fuel Sys Modification Newark Liberty Airport Project : EWR-154.183 Location: NEWARK, NJ County: Essex Owners: Port Authority of New York New Jersey 2 Montgomery Street, JERSEY CITY, NJ 07302 973 792-3911

THE PORT AUTHORITY OF NY & NJ

FOI Administrator

February 5, 2016

Ms. Christina Montorio
International Brotherhood of Teamsters
3400 Highway 35 South
Hazlet, NJ 07730

Re: Freedom of Information Reference No. 16649

Dear Ms. Montorio:

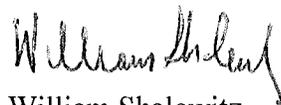
This is in response to your January 29, 2016 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code", copy enclosed) for copies of certified payroll records for all work performed by Lourenco Contracting Co. Inc. USDOT 1647871 for Conti Group on the below referenced project from 2014 to present: Aviation Fuel Sys Modification Newark Liberty Airport Project : EWR-154.183 Location: Newark, NJ County: Essex Owners: Port Authority of New York New Jersey 2 Montgomery Street, Jersey City, NJ 07302 973 792-3911.

Material responsive to your request can be found on the Port Authority's website at <http://www.panynj.gov/corporate-information/foi/16649-C.pdf>. Paper copies are available upon request.

Pursuant to the Code, certain portions of the material responsive to your request are exempt from disclosure as, among other classifications, personal privacy.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Very truly yours,



William Shalewitz
FOI Administrator

Enclosure

*4 World Trade Center, 18th Floor
150 Greenwich Street
New York, NY 10007
T: 212 435 3642 F: 212 435 7555*

Date 04/17/15

I, MAURO LOURENCO PRESIDENT
(Name of signatory party) (Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by LOURENCO CONTRACTING CO. INC. on the EW- AVIATION FUEL- ESSEX COUNTY;
(Contractor or Subcontractor) (Project Name and Location)
that during the payroll period beginning on 04/06/15 and ending on 04/10/15, all persons employed
(Date) (Date)
on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said LOURENCO CONTRACTING CO. INC.
(Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
 In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made when due to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
 Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage <input type="checkbox"/>
2) Dental coverage <input type="checkbox"/>
3) Pension or Retirement <input type="checkbox"/>
4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
6) Life Insurance <input type="checkbox"/>
7) Other (Explain) <input type="checkbox"/>
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

NAME AND TITLE	MAURO LOURENCO- PRESIDENT
SIGNATURE	
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.	

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>				ADDRESS				DATE WAGES DUE	DATE WAGES PAID									
LOURENCO CONTRACTING CO. INC.				12 CRESCENT PLACE- HAZLET, NEW JERSEY 07730				04/17/15	04/17/15									
PAYROLL NO.	WEEK ENDING	OR FINAL CERTIFICATION <input checked="" type="checkbox"/>		PROJECT NAME AND LOCATION				CONTRACTOR REGISTRATION NUMBER										
	04/10/15			EWR- AVIATION FUEL- ESSEX COUNTY				659751										
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	3. DAY AND DATE	4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS					8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.					
					HOURS WORKED EACH DAY									FICA	With-holding Tax	SWT	SUI/SDI/FI	Total Deductions
					MO	TU	WD	TH	FRJ	SAT	SUN							
MAURO LOURENCO	HAULING	OT		0.5	1	0.5		2	98.88									
		ST	8	8	8	8	8		40	65.92	2834.56	2834.56						
MANUEL A. FIGUEIREDO	HAULING	OT		1		0.5		1.5	98.88									
		ST		8	8	8		24	65.92	1730.40	1730.40							
ARCINDO BENTO	HAULING	OT		1		0.5		1.5	98.88									
		ST		8	8	8		24	65.92	1730.40	1730.40							
DANIEL FORNE	HAULING	OT		1		1		2	98.88									
		ST		8	8	8		24	65.92	1779.84	1779.84							
		OT						0										
		ST						0		0.00	0.00	0.00			0.00	0.00	0.00	
		OT						0										
		ST						0		0.00	0.00	0.00			0.00	0.00	0.00	
		OT						0										
		ST						0		0.00	0.00	0.00			0.00	0.00	0.00	

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

R-04-12-08

SUBMIT TO PUBLIC BODY OR LESSOR

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		DATE WAGES DUE	DATE WAGES PAID															
LOURENCO CONTRACTING CO. INC.		12 CRESCENT PLACE- HAZLET, NEW JERSEY 07730		04/17/15	04/17/15															
PAYROLL NO.	WEEK ENDING OR FINAL CERTIFICATION	PROJECT NAME AND LOCATION			CONTRACTOR REGISTRATION NUMBER															
	04/10/15	EWR- AVIATION FUEL- ESSEX COUNTY			659751															
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	3. DAY AND DATE	4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED					7. DEDUCTIONS					8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.				
					HOURS WORKED EACH DAY							This Project Only	Total for Work	FICA			With-holding Tax	SST	SUIVSD/LI	Total Deductions
					MO	TU	WD	TH	FRI	SAT	SUN									
		6	7	8	9	10	11	12												
MANUEL LOURENCO	HAULING	OT							0											
		ST			8				8	65.92	527.36	527.36								
JORGE ROMERO	HAULING	OT							0											
		ST			8				8	65.92	527.36	527.36								
IOAQUIM CAMACHO	HAULING	OT							0											
		ST			8				8	65.92	527.36	527.36								
DOUGLAS DE OLIVEIRA	HAULING	OT							0											
		ST			8				8	65.92	527.36	527.36								
ADALBERTO DE ALMEIDA	HAULING	OT							0											
		ST			8				8	65.92	527.36	527.36								
		OT							0											
		ST							0		0.00	0.00	0.00		0.00	0.00	0.00			
		OT							0											
		ST							0		0.00	0.00	0.00		0.00	0.00	0.00			

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R-08-12-08

SUBMIT TO PUBLIC BODY OR LESSOR

Date 04/17/15

I, MAURO LOURENCO PRESIDENT
(Name of signatory party) (Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by LOURENCO CONTRACTING CO. INC. on the EW- AVIATION FUEL- ESSEX COUNTY;
(Contractor or Subcontractor) (Project Name and Location)
that during the payroll period beginning on 04/06/15, and ending on 04/10/15, all persons employed
(Date) (Date)
on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said LOURENCO CONTRACTING CO. INC.
(Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

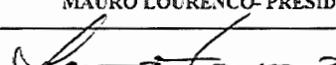
(4) That:

- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made when due to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.
- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
- Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage <input type="checkbox"/>
2) Dental coverage <input type="checkbox"/>
3) Pension or Retirement <input type="checkbox"/>
4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
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7) Other (Explain) <input type="checkbox"/>
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 - The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

NAME AND TITLE	MAURO LOURENCO- PRESIDENT
SIGNATURE	
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.	

Date 05/22/15

I, MAURO LOURENCO PRESIDENT
(Name of signatory party) (Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by LOURENCO CONTRACTING CO. INC. on the NEWARK AIRPORT- ESSEX COUNTY;
(Contractor or Subcontractor) (Project Name and Location)
that during the payroll period beginning on 05/04/15, and ending on 05/08/15, all persons employed
(Date) (Date)

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said LOURENCO CONTRACTING CO. INC.
(Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

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(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

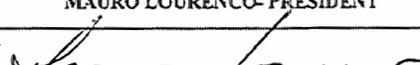
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(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
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(e) FRINGE BENEFITS

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4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
6) Life Insurance <input type="checkbox"/>
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* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

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NAME AND TITLE	MAURO LOURENCO- PRESIDENT
SIGNATURE	
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PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>				ADDRESS				DATE WAGES DUE	DATE WAGES PAID											
LOURENCO CONTRACTING CO. INC.				12 CRESCENT PLACE- HAZLET, NEW JERSEY 07730				05/22/15	05/22/15											
PAYROLL NO.	WEEK ENDING OR FINAL CERTIFICATION			PROJECT NAME AND LOCATION				CONTRACTOR REGISTRATION NUMBER												
05/15/15	<input type="checkbox"/>			NEWARK AIRPORT- ESSEX COUNTY				659751												
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	Overtime (OT) or Straight time (ST)	3. DAY AND DATE							4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS					8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.
			MO	TU	WD	TH	FRI	SAT	SUN											
			4	5	6	7	8	9	10											
HOURS WORKED EACH DAY										This Project Only	Total for Work	FICA	With-holding Tax	SWT	SUI/SDI/FI	Total Deductions				
ARCINDO BENTO	HAULING	OT								0										
		ST			8					8	65.92	527.36	527.36							
		OT								0										
		ST								0		0.00	0.00	0.00	0.00	0.00	0.00	0.00		
		OT								0										
		ST								0		0.00	0.00	0.00	0.00	0.00	0.00	0.00		
		OT								0										
		ST								0		0.00	0.00	0.00	0.00	0.00	0.00	0.00		
		OT								0										
		ST								0		0.00	0.00	0.00	0.00	0.00	0.00	0.00		
		OT								0										
		ST								0		0.00	0.00	0.00	0.00	0.00	0.00	0.00		

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

R-08-12-08

SUBMIT TO PUBLIC BODY OR LESSOR

Date 05/22/15

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(Name of signatory party) (Title)

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(Contractor or Subcontractor) (Project Name and Location)
that during the payroll period beginning on 05/11/15, and ending on 05/15/15, all persons employed
(Date) (Date)

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said LOURENCO CONTRACTING CO. INC.
(Contractor or Subcontractor)

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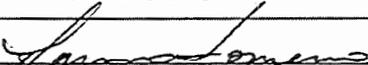
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PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		DATE WAGES DUE	DATE WAGES PAID															
LOURENCO CONTRACTING CO. INC.		12 CRESCENT PLACE- HAZLET, NEW JERSEY 07730		05/22/15	05/22/15															
PAYROLL NO.	WEEK ENDING OR FINAL CERTIFICATION <input type="checkbox"/>	PROJECT NAME AND LOCATION			CONTRACTOR REGISTRATION NUMBER															
	05/15/15	NEWARK AIRPORT- ESSEX COUNTY			659751															
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	3. DAY AND DATE	4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED						7. DEDUCTIONS					8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.			
					MO	TU	WD	TH	FRI	SAT	SUN	This Project Only	Total for Work	FICA	With-holding Tax			SMT	SUN/SD/FLI	Total Deductions
					11	12	13	14	15	16	17									
		HOURS WORKED EACH DAY																		
ARCINDO BENTO	HAULING	OT							0											
		ST			8	8				16	65.92	1054.72	1054.72							
		OT							0											
		ST							0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		OT							0											
		ST							0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		OT							0											
		ST							0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		OT							0											
		ST							0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		OT							0											
		ST							0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

R-08-12-08

SUBMIT TO PUBLIC BODY OR LESSOR

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 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		DATE WAGES DUE	DATE WAGES PAID															
LOURENCO CONTRACTING CO. INC.		12 CRESCENT PLACE- HAZLET, NEW JERSEY 07730		05/29/15	05/29/15															
PAYROLL NO.	WEEK ENDING OR FINAL CERTIFICATION	PROJECT NAME AND LOCATION			CONTRACTOR REGISTRATION NUMBER															
	05/22/15	NEWARK AIRPORT- ESSEX COUNTY			659751															
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	3. DAY AND DATE	4. TOTAL HOURS							5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS					8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/HL	
			MO	TU	WD	TH	FRI	SAT	SUN		The Piece Out	Total for Work	FICA	Withholding Tax	SWT	SL/SD/PL	Total Deductions			
			18	19	20	21	22	23	24		HOURS WORKED EACH DAY									
ARCINDO BELD	HAULING	OT	0.5							0.5	91.92									
		ST	8	8	8	8				32	61.28	2006.92	2006.92							
MANUEL FIGUEIREDO	HAULING	OT								0										
		ST	8							8	61.28	490.24	490.24							
		OT								0										
		ST								0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		OT								0										
		ST								0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		OT								0										
		ST								0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		OT								0										
		ST								0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		OT								0										
		ST								0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

2-06-12-06

SUBMIT TO PUBLIC BODY OR LESSOR

Date 06/12/15

I, MAURO LOURENCO PRESIDENT
(Name of signatory party) (Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by LOURENCO CONTRACTING CO. INC. on the EWB AVIATION FUEL- ESSEX COUNTY; *(Contractor or Subcontractor) (Project Name and Location)*
that during the payroll period beginning on 06/01/15 and ending on 06/05/15, all persons employed *(Date) (Date)*

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said LOURENCO CONTRACTING CO. INC. *(Contractor or Subcontractor)*

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

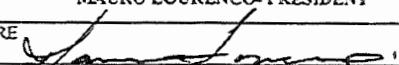
(a) **WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS**
 In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made when due to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**
 Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage <input type="checkbox"/>
2) Dental coverage <input type="checkbox"/>
3) Pension or Retirement <input type="checkbox"/>
4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
6) Life Insurance <input type="checkbox"/>
7) Other (Explain) <input type="checkbox"/>
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

NAME AND TITLE	MAURO LOURENCO- PRESIDENT
SIGNATURE	
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.	

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
(for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		DATE WAGES DUE	DATE WAGES PAID
LUIRENO CONTRACTING CO. INC.		12 CRESCENT PLACE- HAZLET, NEW JERSEY 07750		06/12/15	06/12/15
WEEK ENDING	OR FINAL CERTIFICATION	PROJECT NAME AND LOCATION		CONTRACTOR REGISTRATION NUMBER	
06/05/15	<input checked="" type="checkbox"/>	EWR AVIATION FUEL- ESSEX COUNTY		659751	

1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	Overtime (OT) or Straight Time (ST)	3. DAY AND DATE							4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS					8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Wr	
			MO	TU	WD	TH	FRI	SAT	SUN			This Project Only	Total for Week	FICA	Withholding Tax	SWT	SUBSIDY 21	Total Deductions			
			1	2	3	4	5	6	7			HOURS WORKED EACH DAY									
AURO LOURENCO	HAULING	OT		1	0.5					1.5	98.88										
		ST		8	8						16	65.92	1203.04	1203.04							
IRGE ROMERO	HAULING	OT		0.5						0.5	98.88										
		ST		8	8						16	65.92	1104.16	1104.16							
ANUEL LOURENCO	HAULING	OT								0											
		ST		8	8						16	65.92	1054.72	1054.72							
DOUGLAS DE OLIVEIRA	HAULING	OT								0											
		ST		8	8						16	65.92	1054.72	1054.72							
ELSON SANTOS	HAULING	OT								0											
		ST		8	8						16	65.92	1054.72	1054.72							
LEX REVOLTA	HAULING	OT								0											
		ST		8	8						16	65.92	1054.72	1054.72							
DALBERTO DE ALMEIDA	HAULING	OT								0											
		ST		8	8						16	65.92	1054.72	1054.72							

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

SUBMIT TO PUBLIC BODY OR LESSOR

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		DATE WAGES DUE	DATE WAGES PAID															
LOURENCO CONTRACTING CO. INC.		12 CRESCENT PLACE- HAZLET, NEW JERSEY 07730		06/12/15	06/12/15															
PAYROLL NO	WEEK ENDING OR FINAL CERTIFICATION	PROJECT NAME AND LOCATION			CONTRACTOR REGISTRATION NUMBER															
	06/05/15 <input checked="" type="checkbox"/>	EWR AVIATION FUEL- ESSEX COUNTY			659751															
1 NAME AND ADDRESS OF EMPLOYEE	2 WORK CLASSIFICATION	3. DAY AND DATE	4 TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED						7. DEDUCTIONS					8 NET WAGES PAID FOR WEEK	9 Total Fringe Benefit Cost/Hr.			
					MO	TU	WD	TH	FRI	SAT	SUN	This Project Only	Travel to Work	FICA	Withholding Tax			SWT	SUN/SD/IF LI	Total Deductions
					1	2	3	4	5	6	7	HOURS WORKED EACH DAY								
CARLOS GONCALVES	HAULING	OT							0											
		ST		8	8					16	65.92	1054.72	1054.72							
		OT							0											
		ST							0			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		OT							0											
		ST							0			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		OT							0											
		ST							0			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		OT							0											
		ST							0			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		OT							0											
		ST							0			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

R-68-12-08

SUBMIT TO PUBLIC BODY OR LESSOR

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		DATE WAGES DUE	DATE WAGES PAID																					
LOURENCO CONTRACTING CO. INC.		12 CRESCENT PLACE- HAZLET, NEW JERSEY 07730		06/12/15	06/12/15																					
PAYROLL NO.	WEEK ENDING OR FINAL CERTIFICATION <input type="checkbox"/>	PROJECT NAME AND LOCATION			CONTRACTOR REGISTRATION NUMBER																					
	06/05/15	NEWARK AIRPORT- ESSEX COUNTY			659751																					
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	Overtime (OT) or Straight time (ST)	3. DAY AND DATE							4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS					8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.						
			MO	TU	WD	TH	FRI	SAT	SUN			This Project Only	Total for Work	FICA	With-holding Tax	SWT	SUI/SDIF LI	Total Deductions								
			1	2	3	4	5	6	7																	
			HOURS WORKED EACH DAY																							
JOAQUIM CAMACHO	HAULING	OT		1						1	98.88															
		ST		8	8					16	65.92	1153.60	1153.60													
DANIEL FORNE	HAULING	OT																								
		ST		8	8	5				21	65.92	1384.32	1384.32													
ARCINDO BELO	HAULING	OT																								
		ST		8	8					16	65.92	1054.72	1054.72													
MANUEL FIGUEIREDO	HAULING	OT								0																
		ST			8	8	8			24	65.92	1582.08	1582.08													
		OT								0																
		ST								0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		OT								0																
		ST								0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		OT								0																
		ST								0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

R-08-12-08

SUBMIT TO PUBLIC BODY OR LESSOR

Date 06/19/15

I, MAURO LOURENCO PRESIDENT
(Name of signatory party) (Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by LOURENCO CONTRACTING CO. INC. on the NEWARK AIRPORT- ESSEX COUNTY:
(Contractor or Subcontractor) (Project Name and Location)
that during the payroll period beginning on 06/8/15 and ending on 06/12/15, all persons employed
(Date) (Date)

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said LOURENCO CONTRACTING
(Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

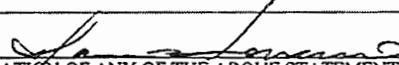
(4) That:

- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
 In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made when due to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.
- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
 Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage <input type="checkbox"/>
2) Dental coverage <input type="checkbox"/>
3) Pension or Retirement <input type="checkbox"/>
4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
6) Life Insurance <input type="checkbox"/>
7) Other (Explain) <input type="checkbox"/>
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

NAME AND TITLE	MAURO LOURENCO- PRESIDENT
SIGNATURE	
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.	

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		DATE WAGES DUE	DATE WAGES PAID																				
LOURENCO CONTRACTING		12 CRESCENT PLACE- HAZLET, NEW JERSEY 07730		06/19/15	06/19/15																				
PAYROLL NO.	WEEK ENDING OR FINAL CERTIFICATION <input type="checkbox"/>	PROJECT NAME AND LOCATION			CONTRACTOR REGISTRATION NUMBER																				
	06/12/15	NEWARK AIRPORT- ESSEX COUNTY			659751																				
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	Overtime (OT) or Straight Time (ST)	3. DAY AND DATE							4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS					8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.					
			MO	TU	WD	TH	FRI	SAT	SUN			This Project Only	Total for Work	FICA	With-holding Tax	SWT	SUI/SD/FLI	Total Deductions							
			8	9	10	11	12	13	14																
HOURS WORKED EACH DAY																									
DANIEL FORNE	HAULING	OT			0.5				0.5	98.88															
		ST			8				8	65.92	576.80	576.80													
MANUEL FIGUEIREDO	HAULING	OT							0																
		ST			8	8			16	65.92	1054.72	1054.72													
		OT																							
		ST																							
		OT																							
		ST																							
		OT																							
		ST																							

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

R-08-12-08

SUBMIT TO PUBLIC BODY OR LESSOR

Date 06/26/15

I, MANUEL LOURENCO OWNER
(Name of signatory party) (Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by M. LOURENCO TRUCKING
on the EWB- AVIATION FUEL- ESSEX COUNTY
(Contractor or Subcontractor) (Project Name and Location)
that during the payroll period beginning on 06/15/15 and ending on 06/19/15, all persons employed
(Date) (Date)
on said project have been paid the full weekly wages earned, that no rebates have been or will be made either
directly or indirectly to or on behalf of said M. LOURENCO TRUCKING
(Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or
indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey
Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of
Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct
and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage
rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for
each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department
of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

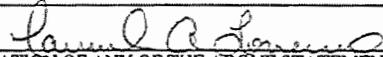
(4) That:

- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
 In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above
referenced payroll, payments of fringe benefits as listed in the contract have been or will be
made when due to appropriate programs for the benefit of such employees, except as noted in
Section 4(c) below.
- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
 Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on
the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the
amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c)
below.

(c) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage <input type="checkbox"/>
2) Dental coverage <input type="checkbox"/>
3) Pension or Retirement <input type="checkbox"/>
4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
6) Life Insurance <input type="checkbox"/>
7) Other (Explain) <input type="checkbox"/>
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

NAME AND TITLE	MANUEL LOURENCO-OWNER
SIGNATURE	
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.	

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>				ADDRESS				DATE WAGES DUE		DATE WAGES PAID											
LOURENCO CONTRACTING CO. INC.				12 CRESCENT PLACE-HAZLET, NEW JERSEY 07730				06/26/15		06/26/15											
PAYROLL NO.		WEEK ENDING OR FINAL CERTIFICATION		PROJECT NAME AND LOCATION				CONTRACTOR REGISTRATION NUMBER													
		06/19/15		EWR AVIATION FUEL- ESSEX COUNTY				659751													
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	Overtime (OT) or Straight Time (ST)	3. DAY AND DATE							4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS					8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.	
			MO	TU	WD	TH	FRI	SAT	SUN			This Project Only	Total for Work	FICA	With-holding Tax	S-A-T	SUI/SDI/FI	Total Deductions			
			15	16	17	18	19	20	21												
			HOURS WORKED EACH DAY																		
MANUEL FIGUEIREDO	DELIVERY	OT	1		1					2	49.61										
		ST	8		8					16	33.07	628.34	628.34								
JOAQUIM CAMACHO	DELIVERY	OT	1		0.5	1.5				3	49.61										
		ST	8		8	8				24	33.07	942.51	942.51								
JOAQUIM CAMACHO	HAULING	OT		1						1	98.88										
		ST		8						8	65.92	626.24	626.24								
DANIEL FORNE	DELIVERY	OT			1					1	49.61										
		ST	8		8	8				24	33.07	843.29	843.29								
DANIEL FORNE	HAULING	OT				1				1	98.88										
		ST					8			8	65.92	626.24	626.24								
ARCINDO BENTO	DELIVERY	OT								0	49.61										
		ST	8							8	33.07	264.56	264.56								
		OT																			
		ST																			

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

R-08-12-08

SUBMIT TO PUBLIC BODY OR LESSOR

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>				ADDRESS				DATE WAGES DUE		DATE WAGES PAID									
M. LOURENCO TRUCKING				48 CENTRAL AVENUE- EAST NEWARK, NJ 07029				06/26/15		06/26/15									
PAYROLL NO.		WEEK ENDING OR FINAL CERTIFICATION		PROJECT NAME AND LOCATION				CONTRACTOR REGISTRATION NUMBER											
		06/19/15		EWR- AVIATION FUEL- ESSEX COUNTY				646493											
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	3. DAY AND DATE	4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS					8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.						
														HOURS WORKED EACH DAY					
					MO	TU	WD	TH	FRI	SAT	SUN			This Project Only	Total for Week	FICA	Withholding Tax	SWT	SUI/SD/LI
		15	16	17	18	19	20	21											
JORGE ROMERO	DELIVERY	OT			1.5					1.5	49.61								
		ST			8					8	33.07	338.98	338.98						
		OT																	
		ST																	
		OT																	
		ST																	
		OT																	
		ST																	
		OT																	
		ST																	

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

R-68-12-08

SUBMIT TO PUBLIC BODY OR LESSOR

Date 07/03/15

I, MAURO LOURENCO PRESIDENT
(Name of signatory party) (Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by LOURENCO CONTRACTING CO. INC. on the EWB AVIATION FUEL- ESSEX COUNTY;
(Contractor or Subcontractor) (Project Name and Location)
that during the payroll period beginning on 06/22/15, and ending on 06/26/15, all persons employed
(Date) (Date)

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said LOURENCO CONTRACTING CO. INC.
(Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

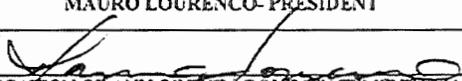
(4) That:

- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
 In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made when due to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.
- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
 Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage <input type="checkbox"/>
2) Dental coverage <input type="checkbox"/>
3) Pension or Retirement <input type="checkbox"/>
4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
6) Life Insurance <input type="checkbox"/>
7) Other (Explain) <input type="checkbox"/>
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

NAME AND TITLE	MAURO LOURENCO- PRESIDENT
SIGNATURE	
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.	

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>				ADDRESS				DATE WAGES DUE	DATE WAGES PAID																		
LOURENCO CONTRACTING CO. INC.				12 CRESCENT PLACE- HAZLET, NEW JERSEY 07730				07/03/15	07/03/15																		
PAYROLL NO.	WEEK ENDING	OR	FINAL CERTIFICATION <input type="checkbox"/>	PROJECT NAME AND LOCATION				CONTRACTOR REGISTRATION NUMBER																			
	06/26/15			EWR AVIATION FUEL- ESSEX COUNTY				659751																			
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	Overtime (OT) or Straight time (ST)	3. DAY AND DATE							4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS						8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.						
			MO	TU	WD	TH	FRI	SAT	SUN			This Project Only	Total for Work	FICA	With-holding Tax	SWT	SUBSIDY L1	Total Deductions									
			22	23	24	25	26	27	28																		
HOURS WORKED EACH DAY			OT	ST	OT	ST	OT	ST	OT	ST	OT	ST	OT	ST	OT	ST	OT	ST									
ARCINDO BENTO	DELIVERY				0.5				0.5	49.61																	
					8	8			16	33.07	553.93	553.93															
MANUEL FIGUEIREDO	HAULING		1						1	98.88																	
			8						8	65.92	625.24	625.24															
MANUEL FIGUEIREDO	BLENDED				8	8			16	58.95	943.20	943.20															
DANIEL FORNE	BLENDED		1.5	1					2.5	88.43																	
			8	8		8			24	58.95	1635.88	1635.88															
DANIEL FORNE	DELIVERY								0	49.61																	
									8	33.07	264.56	264.56															
JOAQUIM CAMACHO	BLENDED		1.5		1				2.5	88.43																	
			8		8	8			24	58.95	1635.88	1635.88															
JOAQUIM CAMACHO	DELIVERY						1.5		1.5	49.61																	
							8		8	33.07	338.98	338.98															

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

R-08-12-08

SUBMIT TO PUBLIC BODY OR LESSOR

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
(for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>				ADDRESS				DATE WAGES DUE	DATE WAGES PAID												
LOURENCO CONTRACTING CO. INC.				12 CRESCENT PLACE- HAZLET, NEW JERSEY 07730				07/03/15	07/03/15												
PAYROLL NO.	WEEK ENDING	OR	FINAL CERTIFICATION <input type="checkbox"/>	PROJECT NAME AND LOCATION				CONTRACTOR REGISTRATION NUMBER													
	06/26/15			EWR AVIATION FUEL- ESSEX COUNTY				659751													
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	Overtime (OT) or Straight Time (ST)	3. DAY AND DATE							4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS					8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.	
			MO	TU	WD	TH	FRI	SAT	SUN			This Project Only	Total for Work	FICA	Withholding Tax	SWT	SUI/SDLF LI	Total Deductions			
			22	23	24	25	26	27	28												
			HOURS WORKED EACH DAY																		
MAURO LOURENCO	BLENDED	OT							0	\$8.43											
		ST				8			8	58.95	471.60	471.60									
MAURO LOURENCO	DELIVERY	OT					1.5		1.5	49.61											
		ST					8		8	33.07	338.98	338.98									
		OT																			
		ST																			
		OT																			
		ST																			
		OT																			
		ST																			
		OT																			
		ST																			

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

R-08-12-08

SUBMIT TO PUBLIC BODY OR LESSOR

Date 07/10/15

I, MAURO LOURENCO PRESIDENT
(Name of signatory party) *(Title)*

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by LOURENCO CONTRACTING CO. INC. on the EWV AVIATION FUEL- ESSEX COUNTY;
(Contractor or Subcontractor) *(Project Name and Location)*
that during the payroll period beginning on 06/29/15 and ending on 07/03/15, all persons employed
(Date) *(Date)*
on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said LOURENCO CONTRACTING CO. INC.
(Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

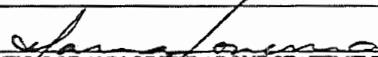
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
 In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made when due to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
 Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage <input type="checkbox"/>
2) Dental coverage <input type="checkbox"/>
3) Pension or Retirement <input type="checkbox"/>
4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
6) Life Insurance <input type="checkbox"/>
7) Other (Explain) <input type="checkbox"/>
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

NAME AND TITLE MAURO LOURENCO- PRESIDENT
SIGNATURE 
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS		DATE WAGES DUE	DATE WAGES PAID																				
LOURENCO CONTRACTING CO. INC.		12 CRESCENT PLACE- HAZLET, NEW JERSEY 07730		07/10/15	07/10/15																				
PAYROLL NO.	WEEK ENDING OR FINAL CERTIFICATION	PROJECT NAME AND LOCATION			CONTRACTOR REGISTRATION NUMBER																				
	07/03/15	EWR AVIATION FUEL- ESSEX COUNTY			659751																				
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	Overtime (OT) or Straight time (ST)	3. DAY AND DATE							4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS					8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.					
			MO	TU	WD	TH	FRI	SAT	SUN			This Project Only	Total for Work	FICA	With-holding Tax	SWT	SUI/SDI/FI	Total Deductions							
			29	30	1	2	3	4	5																
			HOURS WORKED EACH DAY																						
JOAQUIM CAMACHO	HAULING	OT	0.5							0.5	98.88														
		ST	8		8	8					24	65.92	1631.52	1631.52											
MANUEL FIGUEIREDO	BLENDED	OT		0.5						0.5	88.43														
		ST		8		8					16	58.95	987.42	987.42											
ARCINDO BENTO	DELIVERY	OT		1.5						1.5	49.61														
		ST		8							8	53.07	338.98	338.98											
ARCINDO BENTO	HAULING	OT								0	98.88														
		ST					8				8	65.92	527.36	527.36											
DANIEL FORNE	HAULING	OT			0.5					0.5	98.88														
		ST		8	8						16	65.92	1104.16	1104.16											
MAURO LOURENCO	HAULING	OT								0	98.88														
		ST		8							8	65.92	527.36	527.36											
		OT																							
		ST																							

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

R-08-12-08

SUBMIT TO PUBLIC BODY OR LESSOR