EMPLOYER'S AUTHORIZATION TO DRAW UPON THE CASH WAGE BOND FOR FAILURE TO PAY EMPLOYEE WAGES AND FRINGE BENEFITS

, in my capacity as \Box sole proprietor I,_____ Name of Individual

 \Box member \Box partner \Box president \Box vice president of

Name of Employer

("Employer") engaged in \Box construction work or \Box the severance, production or transportation of minerals, understand that the Employer is required by the Wage Payment and Collection Act, W. Va. Code §21-5-14, to furnish a wage bond.

I understand that as long as the Employer honors its statutory responsibility to pay employee wages and fringe benefits when they are due, the Division of Labor will not draw upon the cash wage bond. If the Employer defaults or otherwise fails to pay employee wages and fringe benefits as required by the Wage Payment and Collection Act. I further understand that the Division of Labor will use as much of the cash bond assets as necessary to pay employee wages and fringe benefits.

I hereby expressly authorize the Division of Labor to use as much of the cash wage bond as necessary to pay employee wages and fringe benefits that are due and owing.

Original Signature	Date
Title	
STATE OF	
COUNTY OF	, TO WIT:
I,, Printed Name of Notary Public	a Notary Public in and for the county and state
aforesaid, do hereby certify thatPrinted Name	who, as, e of Person Signing for Principal Title of Person Signing for Principal
signed the foregoing writing for	, has this day, in Principal
my said county, before me, acknowledged	d the said writing.
My commission expires on	·
Notary Seal	Notary Public Signature Page 1 of 1 WVAGO Approved Form Last Revised 6/23/17