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**AFFIDAVIT CERTIFYING  
PAYMENT TO ALL SUBCONTRACTORS  
SECTION 00 6300**

Using Agency / Owner

I acknowledge that, pursuant to Miss. Code Ann. §31-5-25 and H.B. 1562, Laws of 2002, that I am required to submit monthly certification indicating payments to subcontractors on prior payment requests. I, the undersigned Contractor, do hereby certify that I have paid the following amounts to subcontractors for Work which has been performed and incorporated into previous Applications for Payment which were issued and payment received from the Owner on the project listed below. I understand that this document must be submitted on a monthly basis after the submittal, approval and payment of Application for Payment #1. I understand that the Bureau of Building reserves the right to require me, the undersigned, to provide verification of payment and/ or additional information.

Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Using Agency: \_\_\_\_\_

Subcontractor: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Subcontractor: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Subcontractor: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Subcontractor: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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Subcontractor: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Subcontractor: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Subcontractor: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

(Attach additional list of subcontractors and amounts, if necessary)

Contractor Name and Title: \_\_\_\_\_

Contractor Certificate of Responsibility Number: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned notary public,

this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_