	Truck Br	oker Name	
	Truck Bro	ker Address	
RE: WAGE COMPL	IANCE AFFIDAVIT		Year 20xx
TO SIGN AFFIDAV		MPLIANCE THAT	TI HAVE SUBMITTED LING WAGE. I CERTIF
THIS CALENDAR Y		MENT SHALL BI	L EMPLOYEES FOR E VOID IF EMPLOYEES
Company Name		Owner Na	ame