



**City of Tukwila, Washington**  
**Certificate of Compliance with**  
**Tukwila Municipal Code Chapter 5.63 Concerning Labor**  
**Standards for Certain Employees**

Employers operating in the City of Tukwila which meet criteria in **Tukwila Municipal Code (TMC) 5.63** must annually certify compliance by January 31<sup>st</sup> for the prior calendar year. Employers that are required to certify compliance with TMC Chapter 5.63 who fail to timely file their compliance certification are subject to the enforcement provisions set forth in TMC 5.63.090. For links to TMC Chapter 5.63 and the applicable Administrative Rule to Tukwila Labor Standards document go to [www.TukwilaWa.gov/MinimumWage](http://www.TukwilaWa.gov/MinimumWage).

**CERTIFYING COMPLIANCE IS MANDATORY FOR ALL EMPLOYERS AS DEFINED IN TMC CHAPTER 5.63.** "Employer" includes any individual, partnership, association, corporation, business trust, or any person or group of persons acting directly or indirectly in the interest of an employer in relation to an employee. For the definitions of "employer" and "employee" see **TMC Chapter 5.63.020** and **RCW 49.46.010**.

**A business entity that is not an "employer" as defined above is not required to file a Certificate of Compliance.**

*Block print or type in black or blue ink*

**EMPLOYER INFORMATION**

Federal Taxpayer Identification Number ("TIN") (if applicable): \_\_\_\_\_

Washington State Unified Business Identifier ("UBI") number: \_\_\_\_\_

Employer's name (provide the legal name of the entity; if the employer is a sole proprietor or partnership, provide the owner's name(s)): \_\_\_\_\_

Employer's DBA ("doing business as" or "also known as" an assumed name), if applicable: \_\_\_\_\_

Employer's primary Tukwila address, if applicable (must be a physical street address, no P.O. boxes): \_\_\_\_\_

Employer's mailing address: \_\_\_\_\_

Contact information for the employer's authorized representative who is signing this Certificate:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**EMPLOYER CERTIFICATION**

As the authorized representative of the Employer whose name is set forth above, I hereby certify that this form is accurate and complete, that I have read and understand TMC Chapter 5.63 and the Tukwila Labor Standards, and that the Employer named above is in full compliance with TMC Chapter 5.63 and with the Tukwila Labor Standards for calendar year \_\_\_\_\_. \_\_\_\_\_

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Signed on the \_\_\_\_\_ day of \_\_\_\_\_ (date)(month)(year)

at \_\_\_\_\_ (city or other location, and state or country)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

Send original copy to [MinimumWage@TukwilaWa.gov](mailto:MinimumWage@TukwilaWa.gov) or Finance Department, 6200 Southcenter Blvd, Tukwila, WA 98188