

**U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division**

**Form WD-10
Davis-Bacon Wage Survey
Report of Construction
Contractor's Wage Rates**

OMB No. 1215-0046 Expires 01/31/2008 Rev. Dec 2000

1. Please indicate the full name, address and phone number of the General/Prime Contractor or Subcontractor reporting wage data for the project indicated on this form.

NAME OF CONTRACTOR/SUBCONTRACTOR

ADDRESS

CITY

STATE ZIP

PHONE

EXTENSION FAX

LAST NAME AND FIRST NAME

TITLE

ORGANIZATION

PHONE

EXTENSION FAX

EMAIL ADDRESS

3. Please supply the complete name of the project, project description (area within a building, highway section, specific room number, etc.), address, and name of General/Prime Contractor if different from Item 1.

FULL NAME OF PROJECT

PROJECT DESCRIPTION

ADDRESS

CITY

STATE COUNTY

NAME OF GENERAL / PRIME CONTRACTOR

them to: U.S. Department of Labor, Wage and Hour Division, Administrator, Room S-3502, 200 Constitution Avenue NW, Washington, DC 20210.

INSTRUCTIONS - Please enter the information in the white boxes and fill in the circles as appropriate. You can either hand print the information in blue or black ink, or use a typewriter or printer. Detailed instructions for completing this form (or obtaining additional copies), as well as definitions for many of the terms used on this form are found on a separate instruction page.

We estimate that it will take an average of 20 minutes to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send information, including suggestions for reducing this burden, send information, including suggestions for reducing this burden, send

4. Indicate if project is subject to a Federal (Davis-Bacon) or state wage determination.

FEDERAL STATE NEITHER

5. Please select one choice at right.

I AM THE GENERAL/PRIME CONTRACTOR SUBCONTRACTOR

A. Please provide a list, on the enclosed form, of any subcontractors you used on this project, including addresses and phone numbers.

THE LIST IS BEING RETURNED WITH THIS FORM ENDED

THE LIST WAS PROVIDED EARLIER ENDED

THERE ARE NO SUBCONTRACTORS PROJECT VALUE ESTIMATED

ACTUAL ESTIMATED ACTUAL

SUBCONTRACT VALUE ACTUAL

6. Please fill in the circle indicating the type of construction for the project being reported and all relevant descriptors. If the project has more than one type of construction please mark the additional type.

APARTMENT BUILDING

MOTEL/HOTEL

RESIDENTIAL

BICYCLE PATH

NURSING/ASSISTED LIVING FACILITY

ROAD/STREET/HIGHWAY/DRIVE

BRIDGE OVER NAVIGABLE WATER

OFFICE/COMMERCIAL BUILDING

SCHOOL

BRIDGE (ANY OTHER TYPE)

PAVING

SITE PREPARATION

DORMITORY

PARKING LOT

TREATMENT PLANT

HOSPITAL

PLAYGROUND

WATER/SEWER

OTHER

If you selected **APARTMENT, NURSING FACILITY, or RESIDENTIAL**:

NUMBER OF STORIES

KITCHEN IN EACH UNIT?

BATH IN EACH UNIT?

(If yes, fill in circle.)

(If yes, fill in circle.)

7. Classifications and Fringe Benefit Information. In the questions below, **CBA** stands for Collective Bargaining Agreement. In the five benefit-related columns, please describe the benefits (if any) for each classification, and also tell us how they are paid. If the benefit is paid out periodically, tell us how much you pay and how frequently you pay it, using a single letter abbreviation. Use 'H' for hourly, 'D' for daily, 'W' for weekly, 'M' for monthly, and 'Y' for yearly. If the benefit is paid as a percentage of the hourly rate, check the appropriate box, then tell us the percentage using the boxes below the checkbox. Regarding the Vacation & Holiday and additional benefit columns, if appropriate, tell us how many days are paid annually.

ONLY SUPPLIED MATERIALS
 HEALTH & WELFARE PENSION (401K, ETC) APPRENTICE TRAINING VACATION & HOLIDAY ADDITIONAL FRINGE

CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	# OF EMPLOYEES	PAID UNDER A CBA?	CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	# OF EMPLOYEES	PAID UNDER A CBA?	CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	# OF EMPLOYEES	PAID UNDER A CBA?	CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	# OF EMPLOYEES	PAID UNDER A CBA?	CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	# OF EMPLOYEES	PAID UNDER A CBA?	CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	# OF EMPLOYEES	PAID UNDER A CBA?	CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	# OF EMPLOYEES	PAID UNDER A CBA?	CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	# OF EMPLOYEES	PAID UNDER A CBA?																
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8. COMMENTS OR REMARKS

DESCRIPTION OF ANY ADDITIONAL FRINGE (SEE LAST COLUMN OF ITEM 7)

YOUR SIGNATURE

DATE

Note: The willful falsification of any submitted information may result in civil or criminal prosecution. See 18 U.S.C.1001

