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



U.S. Department of Labor Wage and Hour Division

OMB No. 1235-0015 Expires 01/31/2011											
1. Please indicate the full name		l phone nui	mber of the	e General/	Prime Co	ntractor	or Sub	contrac	ctor rep	orting v	vage d
for the project indicated on this											
NAME OF CONTRACTOR/SUI	3CONTRACT(OR									
100000								ш	ш		ш
ADDRESS											
OUTV						TATE	710	ш			
CITY					5	TATE	ZIP				т
PHONE		EXTENS	MON	FAX							
PHONE		EXTENS	SION	FAX				T			
2. Submitter information											
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LAST NAME AND THIS I NAM			тт			т	П	т	П	тт	П
TITLE											
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ORGANIZATION											
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Please supply the complete number, etc.), address, and na	me of General	/Prime Cor	ntractor if	different fro	m Item	bullaling. L	nignw	ay secu	on, spe	CIIIC 10	OIII
FULL NAME OF PROJECT											
											Ш
PROJECT DESCRIPTION											
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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 NOTE: This form is used by the U.S. Department of Labor to 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

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

determine the locally prevailing wage rates under the Davis-Bacon and related Acts. The submission of wage data is encouraged but is voluntary. This is an optional form provided to ensure consistency in submission of wage data. Respondents may use an alternate form if all the information requested is included. The identity of the Respondent will be kept confidential to the maximum extent possible under existing law. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

4. Indicate if project is subject to a Federal	(Davis-Bacon) or state wage determination.				
FEDERAL STATE NE	EITHER				
5. Please select one choice at right.	I AM THE GENERAL/PRIME CONTRA	ACTOR 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	B. For the project being reported on this form state the date the work BEGAN M M D D Y Y Y Y	C. If you are a Subcontractor for the project being reported indicate the date your work BEGAN M M D D Y Y Y Y Y			
WITH THIS FORM	ENDED	ENDED			
THE LIST WAS PROVIDED EARLIER	ESTIMATED ACTUAL	ESTIMATED ACTUAL			
THERE ARE NO SUBCONTRACTORS	PROJECT VALUE	SUBCONTRACT VALUE			

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? (If yes, fill in circle.)

BATH IN EACH UNIT? (If yes, fill in circle.)

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Davis-Bacon Wage Survey ▼	
Page 2 (see reverse for instructions)	

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'

> information may result in civil or criminal prosecution. See 18 U.S.C.1001.

> > DATE M M D D Y Y Y Y

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.

If you only supplied building materials, and no employees worked on the project, then fill in the circle below. You may skip the rest of this question, and sign and date the form.

ONLY SUPPLIED MATERIALS

OMB No. 1235-0015 Expires 01/31/2011	FORM WD10p2 (04/21/2010)	for hourly, 'D' for daily, 'W' for weekly, 'M' for monthly, and 'Y' for	HEALTH & WELFARE	PENSION (401K, ETC)	APPRENTICE TRAINING	VACATION & HOLIDAY	ADDITIONAL FRINGE
CLASSIFICATION TYPE OF WORK PERFORMED		PEAK WEEK ENDING DATE HOURLY RATE M M D D Y Y Y Y S # OF EMPLOYEES PAID UNDER A CBA?	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR
CLASSIFICATION TYPE OF WORK PERFORMED		# OF EMPLOYEES PAID UNDER A CBA?	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR
CLASSIFICATION TYPE OF WORK PERFORMED		PEAK WEEK ENDING DATE HOURLY RATE M M D D Y Y Y Y S # OF EMPLOYEES PAID UNDER A CBA?	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR
CLASSIFICATION TYPE OF WORK PERFORMED		# OF EMPLOYEES PAID UNDER A CBA?	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR
CLASSIFICATION TYPE OF WORK PERFORMED		PEAK WEEK ENDING DATE HOURLY RATE M M D D Y Y Y Y S # OF EMPLOYEES PAID UNDER A CBA?	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR
CLASSIFICATION TYPE OF WORK PERFORMED		PEAK WEEK ENDING DATE HOURLY RATE M M D D Y Y Y Y Y # OF EMPLOYEES PAID UNDER A CBA?	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR
8. COMMENTS OR REMARKS YOUR SIGNATURE		Note: The willful falsification of any submitted	DESCRIPTION OF ANY	ADDITIONAL FRINGE (S	EE LAST COLUMN OF ITI	EM 7)	