

DAVIS-BACON WAGE SURVEY - SUBCONTRACTOR LIST

U.S. DEPARTMENT OF LABOR

Addendum to Form WD-10, OMB No. 1235-0015

Approval Expires 01/31/2011

SIDE 1

1. Please identify by name, address, phone number, your **subcontractors** that performed work on each **project** for which a **WD-10** is being submitted.
2. Please **PRINT** each character into the *white* box with **black/blue** pen or **TYPE** information into the *white* boxes.

PROJECT NAME ON WD-10	SUBCONTRACTOR
NAME	NAME
ADDRESS 1	ADDRESS
ADDRESS 2	CITY
CITY	STATE ZIP CODE PHONE
STATE COUNTY	TYPE OF WORK
NAME <input type="radio"/> Same Project as above	NAME
ADDRESS 1	ADDRESS
ADDRESS 2	CITY
CITY	STATE ZIP CODE PHONE
STATE COUNTY	TYPE OF WORK
NAME <input type="radio"/> Same Project as above	NAME
ADDRESS 1	ADDRESS
ADDRESS 2	CITY
CITY	STATE ZIP CODE PHONE
STATE COUNTY	TYPE OF WORK
NAME <input type="radio"/> Same Project as above	NAME
ADDRESS 1	ADDRESS
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NAME ADDRESS 1 ADDRESS 2 CITY STATE COUNTY	NAME ADDRESS CITY STATE ZIP CODE PHONE TYPE OF WORK
NAME <input type="radio"/> Same Project as above ADDRESS 1 ADDRESS 2 CITY STATE COUNTY	NAME ADDRESS CITY STATE ZIP CODE PHONE TYPE OF WORK
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