

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

FORM WD-10 (G) (03/21/2011)

OMB No. 1235-0015 Expires 01/31/2014

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

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**

2. Submitter information

**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**

**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

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. **BEGAN** **B. For the project being reported on this form state the date the work** **ended** **C. If you are a Subcontractor for the project being reported indicate the date** **ended**

**THE LIST IS BEING RETURNED WITH THIS FORM**

**ENDED**

**ENDED**

**THE LIST WAS PROVIDED EARLIER THERE ARE NO SUBCONTRACTORS**

**ESTIMATED PROJECT VALUE** **ACTUAL PROJECT VALUE** **ESTIMATED SUBCONTRACT VALUE** **ACTUAL 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.)

