

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 I AM THE GENERAL/PRIME CONTRACTOR SUBCONTRACTOR

5. Please select one choice at right.

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 **BEGAN**
 C. If you are a Subcontractor for the project being reported indicate the date **BEGAN**

THE LIST IS BEING RETURNED ENDED
WITH THIS FORM ENDED

THE LIST WAS PROVIDED EARLIER ESTIMATED ACTUAL ESTIMATED ACTUAL
THERE ARE NO PROJECT VALUE SUBCONTRACT VALUE
SUBCONTRACTORS

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** **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.)

Form WD-10 Davis-Bacon Wage Survey Page 2 (see reverse for instructions)

OMB No. 1225-0015 Expires 01/31/2014

FORM WD10p2 (02/21/2011)

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.

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

CLASSIFICATION	TYPE OF WORK PERFORMED	# OF EMPLOYEES	PEAK WEEK ENDING DATE	HOURLY RATE	HEALTH & WELFARE	PENSION (401K, ETC)	APPRENTICE TRAINING	VACATION & HOLIDAY	ADDITIONAL FRINGE	ONLY SUPPLIED MATERIALS	
										% OF HOURLY RATE	% OF HOURLY RATE
					\$ per EMP. per	\$ per EMP. per	\$ per EMP. per	\$ per EMP. per	\$ per EMP. per	% OF HOURLY RATE	% OF HOURLY RATE
	PAID UNDER A CBA?										
	PAID UNDER A CBA?										
	PAID UNDER A CBA?										

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.