Wage and Hour Division (WHD)

Form WD-10: Report of Construction Contractor's Wage Rates



OMB No. 1235-00XX Expires 4/30/20XX

***Welcome***

***to the***

**Report of Construction Contractor's Wage Rates Form (WD-10)**

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| Effective May 1, 2014 the Electronic WD-10 form has been [updated](https://www.dol.gov/whd/programs/dbra/wd10/index.htm). Please review [instructions](https://www.dol.gov/whd/programs/dbra/wd10/wd10instr.htm) before filling out the form. WD-10 Form updates effective May 1, 2014:1) Section 2: WD-10 submitters will have to choose a Submitter Type. E.g. Contractor, Union, Agency etc.2) Section 7: WD-10 submitters will have the option to enter a numeric four-digit number representing the Local Union e.g. 1004, 0907, 0075 etc. for each Classification under a Collective Bargaining Agreement. |

This form is used to submit wage data and/or the names and addresses of
subcontractors on projects that were active during the time frames of [surveys](https://www.dol.gov/whd/programs/dbra/schedule.htm).

Please note that this form will be unavailable daily between the hours of
9:00 p.m. - 10:00 p.m. EST
and
2:00 a.m. - 6:45 a.m. EST

If you need assistance with this form, or are experiencing difficulties, please contact the Wage and Hour Division of the Department of Labor via email to WHD-Webmaster@dol.gov. Thank you.

Top of Form

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| **Please choose one of the following options:**  |

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|  | New WD-10 |
|  | View Submitted/Pending WD-10 |
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|        The PS/CS# or Phone Number is not correct. Please try again.  |

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|       \*PS/CS# :  |  PS/CSxxxx-xxxx |  |  |
|       \* Submitter Phone Number :  |  (xxx)xxx-xxxx |  |  |
|  | \* Required information.  |  |  |

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Bottom of Form



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

**Please note:**  This form is used by the U.S. Department of Labor to 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.

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 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.