

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

FORM WD10 (G) (04/30/2014)

OMB No. 1235-0015 Expires xx/xx/xxxx

**U.S. Department of Labor
Wage and Hour Division**

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

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

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.

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

- CONTRACTOR** **ASSOCIATION** **UNION** **AGENCY** **OTHER**

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

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.

- 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.

B. For the project being reported on this form state the date the work

C. If you are a Subcontractor for the project being reported indicate the date your work

THE LIST IS BEING RETURNED WITH THIS FORM

BEGAN
M M / D D / Y Y Y Y

BEGAN
M M / D D / Y Y Y Y

THE LIST WAS PROVIDED EARLIER

ENDED
M M / D D / Y Y Y Y

ENDED
M M / D D / Y Y Y Y

THERE ARE NO SUBCONTRACTORS

- ESTIMATED** **ACTUAL**

- ESTIMATED** **ACTUAL**

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.

- | | | |
|--|---|--|
| <input type="radio"/> APARTMENT BUILDING * | <input type="radio"/> MOTEL/HOTEL | <input type="radio"/> RESIDENTIAL * |
| <input type="radio"/> BICYCLE PATH | <input type="radio"/> NURSING/ASSISTED LIVING FACILITY * | <input type="radio"/> ROAD/STREET/HIGHWAY/DRIVE |
| <input type="radio"/> BRIDGE OVER NAVIGABLE WATER | <input type="radio"/> OFFICE/COMMERCIAL BUILDING | <input type="radio"/> SCHOOL |
| <input type="radio"/> BRIDGE (ANY OTHER TYPE) | <input type="radio"/> PAVING | <input type="radio"/> SITE PREPARATION |
| <input type="radio"/> DORMITORY | <input type="radio"/> PARKING LOT | <input type="radio"/> TREATMENT PLANT |
| <input type="radio"/> HOSPITAL | <input type="radio"/> PLAYGROUND | <input type="radio"/> WATER/SEWER |
| <input type="radio"/> OTHER | | |

* If you selected APARTMENT, NURSING FACILITY, or RESIDENTIAL:

- | | | |
|---|---|--|
| <input type="checkbox"/> NUMBER OF STORIES | <input type="radio"/> KITCHEN IN EACH UNIT?
(If yes, fill in circle.) | <input type="radio"/> BATH IN EACH UNIT?
(If yes, fill in circle.) |
|---|---|--|

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

OMB No. 1235-0015 Expires 04/30/2017

FORM WD10p2 (04/30/2014)

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	PEAK WEEK ENDING DATE	HOURLY RATE	HEALTH & WELFARE	PENSION (401K, ETC)	APPRENTICE TRAINING	VACATION & HOLIDAY	ADDITIONAL FRINGE
TYPE OF WORK PERFORMED	# OF EMPLOYEES PAID UNDER A CBA?	LOCAL #	<input type="radio"/> \$ per EMP. per <input type="text"/>	<input type="radio"/> \$ per EMP. per <input type="text"/>	<input type="radio"/> \$ per EMP. per <input type="text"/>	<input type="radio"/> \$ per EMP. per <input type="text"/>	<input type="radio"/> \$ per EMP. per <input type="text"/>
			<input type="radio"/> % OF HOURLY RATE	<input type="radio"/> % OF HOURLY RATE	<input type="radio"/> % OF HOURLY RATE	<input type="radio"/> % OF HOURLY RATE	<input type="radio"/> % OF HOURLY RATE
						<input type="radio"/> # DAYS PER YEAR	<input type="radio"/> # DAYS PER YEAR

8. COMMENTS OR REMARKS

DESCRIPTION OF ANY ADDITIONAL FRINGE (SEE LAST COLUMN OF ITEM 7)

YOUR SIGNATURE _____
 Note: The willful falsification of any submitted information may result in civil or criminal prosecution. See 18 U.S.C.1001.
 DATE / /

