

# Davis-Bacon Wage Survey Form (WD-10)

OMB No. 1235-0015

Expiration XX/XX/XXXX

\*Indicates a required field.

## Submitter Information

Submitter Name*	Submitter Email*
Submitter Phone Number	Submitter Organization

## Project Information

Please provide the following information for the project to be included in the Davis-Bacon Wage Survey. If you are provided information for more than one contractor or subcontractor on the project, please use a separate form for each.

Project Name\*

Project Type\* (please see instructions for descriptions of each construction type) (check only one; if the project included multiple types of substantial construction, please report associated wage rates on separate WD-10 forms. See Instructions - Project Types, Substantial Construction in a Different Type of Construction)

Residential  Building  Highway  Heavy  Don't Know

Project Location

Address or Location

City\*  State\*

Project Description

Project Begin Date\*

Month  Year   Estimated  Actual

Project Completion Date\*

Month  Year   Estimated  Actual

Prime Contractor on the project

Is the project value more than \$2,000?\*

Yes  No  I don't know

Is the project subject to Federal (Davis-Bacon) prevailing wage requirements?\*

Yes  No  I don't know

## Contractor or Subcontractor Information

Please provide the following information about the contractor or subcontractor that employed the workers whose wage data is included below in this Davis-Bacon Wage Survey response form.

Contractor/Subcontractor Name\*

Contractor Location

Address or Location

City  State  Zip Code

Contractor/Subcontractor Point of Contact

Name  Email  Phone Number

Type of Work Performed\*

## Wage Survey Information

Please provide information about the wages and fringe benefits paid by the contractor or subcontractor to workers on the project. Please use a separate entry for each separate classification. For classification and subclassification names and numbers, please refer to the instruction sheet. When one or more workers work in the same classification but are paid different wage rates, report each wage rate on a separate entry. Do not average wage rates. Do not report for apprentices. Please consult the instructions before reporting for forepersons. Additional remarks and comments can be provided below.

Select a Classification\*

Hourly Wage Rate Paid\*  /hour  \*# of workers performing on this project at this wage rate

Paid under a CBA?  Yes  No  Local Union Name and # (if applicable)

## Fringe Benefits

If fringe benefits are provided, please report-as a dollar amount per hour, or as a % of the hourly wage rate-the contractor's contribution to the fringe benefit plan or contractor's cost of providing the fringe benefits. The dollar amount per hour can be calculated by dividing the contractor's total fringe contributions for the worker by the worker's total hours worked. For other fringe benefits, please describe. If additional space is needed, please use the "Optional Descriptions of any additional fringe benefits"

Health & Welfare  \$  /hour  % of hourly rate  None

Pension/Retirement  \$  /hour  % of hourly rate  None

Apprentice Training  \$  /hour  % of hourly rate  None

Vacation/Holiday/Sick  \$  /hour  % of hourly rate  ## # of Days per Year  None

Other Benefits  \$  /hour  % of hourly rate  ## # of Days per Year  None

Save Classification

Optional Descriptions of Any Additional Fringe Benefits

Optional Additional Wage Survey Form Remarks

If you have questions regarding this survey form, please contact the Davis-Bacon Survey Center at 866-236-2773 or email [DavisBacon@dol.gov](mailto:DavisBacon@dol.gov).

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Note: This information is collected by the U.S. Department of Labor (DOL) as part of a wage survey under the authority of the Davis-Bacon and Related Acts (DBRA). The information will be used to determine prevailing wage rates that will be the required minimum rates of pay for workers on construction projects covered by the DBRA. The submission of wage data is strongly encouraged but is voluntary. The use of this specific form to submit the requested wage data is also optional; respondents may use an alternate form if all the required information is included. There is no penalty for not submitting the requested wage data, but low participation in a wage survey could result in missing classifications on DBRA wage determinations or non-publication of a new wage determination for a covered area. The identity of the respondent will be kept confidential to the maximum extent possible under existing law. OMB No. 1235-0015. Expires XX/XX/XXXX. Rev. XX/XXXX. Agencies may not conduct a collection of information unless it displays a currently valid OMB control number. DOL estimates that the public reporting burden for this collection of information will average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, DC 20210 and reference the OMB Control Number.