

Davis-Bacon Wage Survey Subcontractor Contact Information (WD-10A) (Optional)

The purpose of this form is to collect contact information for potential survey respondents. We seek the information of your subcontractors in order to notify them of the survey when it begins. Their participation is very important to us, as is yours.

Please identify by name the subcontractors that performed work on each project. Please also include each subcontractor's address, phone number, and email address, if available. If known, please identify the type of work performed by each subcontractor on reported projects. Use additional pages as necessary.

Name of firm submitting information:

The firm **has** construction workers to report on in the upcoming survey.

The firm **does not have** construction workers to report on in the upcoming survey.

Project Name		Subcontractor Name		
Address		City		State
Phone		Email address		Type of Work Performed
Project Name		Subcontractor Name		
Address		City		State
Phone		Email address		Type of Work Performed
Project Name		Subcontractor Name		
Address		City		State
Phone		Email address		Type of Work Performed



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Project Name		Subcontractor Name	
Address	City	State	Zip
Phone	Email address	Type of Work Performed	
Project Name	Subcontractor Name		
Address	City	State	Zip
Phone	Email address	Type of Work Performed	
Project Name	Subcontractor Name		
Address	City	State	Zip
Phone	Email address	Type of Work Performed	

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 by the DOL to identify contractors and subcontractors that performed construction work on projects in geographic areas where DOL will conduct surveys 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 contractors and subcontractors' information is strongly encouraged but is voluntary. The use of this specific form to submit the requested contractors or subcontractors' information is optional; respondents may use an alternate form if all the required information is included. There is no penalty for not submitting the requested information. OMB No. XXXX-XXXX. Expires XX/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 10 minutes per response, including time for reviewing instructions, gathering the requested information, 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.