

Davis-Bacon Wage Survey Form (WD-10)

1. **Project Information:** Please provide the following information for the project to be included in the Davis-Bacon Wage Survey. If you are providing information for more than one contractor or subcontractor on the project, please use a separate form for each. * Indicates required field.

Project Name*

Project Location (address/location)

City*

State*

County or Counties*

Project Description (see examples in instructions)

2. Project Type(s)* (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 Begin/Completion Date:

Begin (MM/YYYY)*

- Estimated
- Actual

Completion (MM/YYYY)*

- Estimated
- Actual

Prime Contractor on the project



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

- Yes
- No
- I don't know

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

- Yes
- No
- I don't know

5. **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*

[Text input field for Contractor/Subcontractor Name]

Address

[Text input field for Address]

City

[Text input field for City]

State

[Text input field for State]

Zip

[Text input field for Zip]

Contractor/Subcontractor Point of Contact

[Text input field for Contractor/Subcontractor Point of Contact]

Name

[Text input field for Name]

Email address

[Text input field for Email address]

Phone

[Text input field for Phone]

Type of Work Performed by the Contractor/Subcontractor* (see examples in instructions)

[Text input field for Type of Work Performed]



6. **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. Please copy this page should you need additional lines. Additional remarks and comments can be provided below or on a separate page.

A.

Labor Classification Number (see instructions)	Labor Classification Name*	Sub-Classification Number(s) (If applicable, see instructions)	Sub-Classification Name(s) (If applicable, see instructions)
[][][][]		[][][][]	
		[][][][]	
		[][][][]	
Hourly Wage Rate Paid*	# of workers performing on this project at this wage rate*	Were these workers paid this wage rate under a CBA?	Local Union Name and # (if applicable)
\$ [][] . [][]	[][][][]	<input type="checkbox"/> Yes <input type="checkbox"/> No	[][][][][][][][][][]

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 benefit. 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. **Include** a brief description for "Other" in the box provided. If additional room is needed, use the "Additional Fringe Benefits" remarks box on page 8.

Health & Welfare	Pension/Retirement	Apprentice Training	Vacation/Holiday/Sick	Other
\$ [][] . [][] /hour [][] % hourly rate	\$ [][] . [][] /hour [][] % hourly rate	\$ [][] . [][] /hour [][] % hourly rate	\$ [][] . [][] /hour [][] % hourly rate [][] . [][] Days/Year	Other – specify ↘ \$ [][] . [][] /hour [][] % hourly rate [][] . [][] Days/Year



B.				
Labor Classification Number (see instructions)	Labor Classification Name*	Sub-Classification Number(s) (If applicable, see instructions)	Sub-Classification Name(s) (If applicable, see instructions)	
[][][][]		[][][][]		
		[][][][]		
		[][][][]		
Hourly Wage Rate Paid*	# of workers performing on this project at this wage rate*	Were these workers paid this wage rate under a CBA?	Local Union Name and # (if applicable)	
\$ [][] . [][]	[][][][]	<input type="checkbox"/> Yes <input type="checkbox"/> No	[][][][][][][][][]	
<p>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 benefit. 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. Include a brief description for "Other" in the box provided. If additional room is needed, use the "Additional Fringe Benefits" remarks box on page 8.</p>				
Health & Welfare	Pension/Retirement	Apprentice Training	Vacation/Holiday/Sick	Other
\$ [][] . [][] /hour <input type="checkbox"/> % hourly rate	\$ [][] . [][] /hour <input type="checkbox"/> % hourly rate	\$ [][] . [][] /hour <input type="checkbox"/> % hourly rate	\$ [][] . [][] /hour <input type="checkbox"/> % hourly rate <input type="checkbox"/> . <input type="checkbox"/> Days/Year	Other – specify ↴ \$ [][] . [][] /hour <input type="checkbox"/> % hourly rate <input type="checkbox"/> . <input type="checkbox"/> Days/Year



C.				
Labor Classification Number (see instructions)	Labor Classification Name*	Sub-Classification Number(s) (If applicable, see instructions)	Sub-Classification Name(s) (If applicable, see instructions)	
[][][][]		[][][][]		
		[][][][]		
		[][][][]		
Hourly Wage Rate Paid*	# of workers performing on this project at this wage rate*	Were these workers paid this wage rate under a CBA?	Local Union Name and # (if applicable)	
\$ [][] . [][]	[][][][]	<input type="checkbox"/> Yes <input type="checkbox"/> No	[][][][][][][][][]	
<p>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 benefit. 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. Include a brief description for "Other" in the box provided. If additional room is needed, use the "Additional Fringe Benefits" remarks box on page 8.</p>				
Health & Welfare	Pension/Retirement	Apprentice Training	Vacation/Holiday/Sick	Other
\$ [][] . [][] /hour <input type="checkbox"/> % hourly rate	\$ [][] . [][] /hour <input type="checkbox"/> % hourly rate	\$ [][] . [][] /hour <input type="checkbox"/> % hourly rate	\$ [][] . [][] /hour <input type="checkbox"/> % hourly rate <input type="checkbox"/> Days/Year	Other – specify ↴ \$ [][] . [][] /hour <input type="checkbox"/> % hourly rate <input type="checkbox"/> Days/Year



D.				
Labor Classification Number (see instructions)	Labor Classification Name*	Sub-Classification Number(s) (If applicable, see instructions)	Sub-Classification Name(s) (If applicable, see instructions)	
[][][][]		[][][][]		
		[][][][]		
		[][][][]		
Hourly Wage Rate Paid*	# of workers performing on this project at this wage rate*	Were these workers paid this wage rate under a CBA?	Local Union Name and # (if applicable)	
\$ [][] . [][]	[][][][]	<input type="checkbox"/> Yes <input type="checkbox"/> No	[][][][][][][][][]	
<p>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 benefit. 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. Include a brief description for "Other" in the box provided. If additional room is needed, use the "Additional Fringe Benefits" remarks box on page 8.</p>				
Health & Welfare	Pension/Retirement	Apprentice Training	Vacation/Holiday/Sick	Other
\$ [][] . [][] /hour <input type="checkbox"/> % hourly rate	\$ [][] . [][] /hour <input type="checkbox"/> % hourly rate	\$ [][] . [][] /hour <input type="checkbox"/> % hourly rate	\$ [][] . [][] /hour <input type="checkbox"/> % hourly rate <input type="checkbox"/> . <input type="checkbox"/> Days/Year	Other – specify ↴ \$ [][] . [][] /hour <input type="checkbox"/> % hourly rate <input type="checkbox"/> . <input type="checkbox"/> Days/Year



E.				
Labor Classification Number (see instructions)	Labor Classification Name*	Sub-Classification Number(s) (If applicable, see instructions)	Sub-Classification Name(s) (If applicable, see instructions)	
[][][][]		[][][][]		
		[][][][]		
		[][][][]		
Hourly Wage Rate Paid*	# of workers performing on this project at this wage rate*	Were these workers paid this wage rate under a CBA?	Local Union Name and # (if applicable)	
\$ [][] . [][]	[][][][]	<input type="checkbox"/> Yes <input type="checkbox"/> No	[][][][][][][][][]	
<p>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 benefit. 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. Include a brief description for "Other" in the box provided. If additional room is needed, use the "Additional Fringe Benefits" remarks box on page 8.</p>				
Health & Welfare	Pension/Retirement	Apprentice Training	Vacation/Holiday/Sick	Other
\$ [][] . [][] /hour <input type="checkbox"/> % hourly rate	\$ [][] . [][] /hour <input type="checkbox"/> % hourly rate	\$ [][] . [][] /hour <input type="checkbox"/> % hourly rate	\$ [][] . [][] /hour <input type="checkbox"/> % hourly rate <input type="checkbox"/> Days/Year	Other – specify ↴ \$ [][] . [][] /hour <input type="checkbox"/> % hourly rate <input type="checkbox"/> Days/Year



Submitter Name*

Submitter Organization

Submitter Email*

Submitter Phone

Optional descriptions of any Additional Fringe Benefits:

Optional Additional Wage Survey Form Remarks:

Submitter Signature*

Date (MM/DD/YYYY)*

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

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. 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.

