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



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

OMB No. 1235-0015 Expires 01/31/2011													
1. Please indicate the full name		d phone r	number o	f the Ger	neral/Pri	me Con	tractor	or Su	bcon	tracto	or repo	rting v	vage d
for the project indicated on this													
NAME OF CONTRACTOR/SU	BCONTRACT	OR											
100000	шш				ш			ш		Ш			Ш
ADDRESS									T				
OITV						СТ	ATE	710		Ш			
CITY						51/	ATE	ZIP		П			
PHONE		EYTE	NSION	F/	١¥					Ш			
FHONE		LAIL	131011	1,5	``					П			
2. Submitter information													
LAST NAME AND FIRST NAM	IE												
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TITLE													
													Ш
ORGANIZATION	بسنسند			مزمزه									
								Н		Ш			Ш
PHONE	بحبحب	EXTE	NSION	FA	X								
EMAIL ADDRESS				77									
3. Please supply the complete	name of the p	roject, pr	oject des	cription (	area wi	thin a bu	uilding	high	vay s	ectio	n, spec	cific ro	om
number, etc.), address, and na	me of Genera	I/Prime C	ontracto	if differe	nt from	Item 1.							
FULL NAME OF PROJECT													
			ш										ш
PROJECT DESCRIPTION													
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ADDDESS													
ADDRESS													
ADDRESS								П				П	
CITY									Ī				
CITY	CONTRACTO	OR											

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

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.

4. Indicate if project is subject to a Federal (Davis-Bacon) or state wage determination.							
FEDERAL STATE NE	EITHER						
5. Please select one choice at right.	I AM THE GENERAL/PRIME CONTRA	ACTOR SUBCONTRACTOR					
A. Please provide a list, on the enclosed form, of any subcontractors you used on this project, including addresses and phone numbers.  THE LIST IS BEING RETURNED WITH THIS FORM	B. For the project being reported on this form state the date the work  BEGAN M M D D Y Y Y Y  ENDED	C. If you are a Subcontractor for the project being reported indicate the date your work  BEGAN  M M D D Y Y Y Y Y  ENDED					
THE LIST WAS PROVIDED EARLIER  THERE ARE NO SUBCONTRACTORS	M M D D Y Y Y Y  ESTIMATED ACTUAL  PROJECT VALUE  \$	M M D D Y Y Y Y  ESTIMATED ACTUAL SUBCONTRACT VALUE S					

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.

APARTMENT BUILDING *	MOTEL/HOTEL	RESIDENTIAL *					
BICYCLE PATH	NURSING/ASSISTED LIVING FACILITY *	ROAD/STREET/HIGHWAY/DRIVE					
BRIDGE OVER NAVIGABLE WATER	OFFICE/COMMERCIAL BUILDING	SCHOOL					
BRIDGE (ANY OTHER TYPE)	PAVING	SITE PREPARATION					
DORMITORY	PARKING LOT	TREATMENT PLANT					
HOSPITAL	PLAYGROUND	WATER/SEWER					
OTHER							
*If you selected APARTMENT, NURSING FACILITY, or RESIDENTIAL:							

NUMBER OF STORIES

KITCHEN IN EACH UNIT? (If yes, fill in circle.)

**BATH IN EACH UNIT?** (If yes, fill in circle.)

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Davis-Bacon Wage Survey  ▼
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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'

prosecution. See 18 U.S.C.1001.

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** 

OMB No. 1235-0015 Expires 01/31/2011	FORM WD10p2 (04/21/2010)	for hourly, 'D' for daily, 'W' for weekly, 'M' for monthly, and 'Y' for	HEALTH & WELFARE	PENSION (401K, ETC)	APPRENTICE TRAINING	<b>VACATION &amp; HOLIDAY</b>	ADDITIONAL FRINGE
CLASSIFICATION		PEAK WEEK ENDING DATE HOURLY RATE	\$ per EMP. per	\$ per EMP. per	\$ per EMP. per	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE
TYPE OF WORK PERFORMED		# OF EMPLOYEES  PAID UNDER A CBA?	% OF HOURLY RATE	% OF HOURLY RATE	% OF HOURLY RATE	# DAYS PER YEAR	# DAYS PER YEAR
CLASSIFICATION  TYPE OF WORK PERFORMED		PEAK WEEK ENDING DATE HOURLY RATE M M D D Y Y Y Y S  # OF EMPLOYEES  PAID UNDER A CBA?	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per  % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR
CLASSIFICATION  TYPE OF WORK PERFORMED		PEAK WEEK ENDING DATE HOURLY RATE M M D D Y Y Y Y S  # OF EMPLOYEES  PAID UNDER A CBA?	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per  % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR
CLASSIFICATION  TYPE OF WORK PERFORMED		# OF EMPLOYEES  PAID UNDER A CBA?	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per  % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR
CLASSIFICATION  TYPE OF WORK PERFORMED		PEAK WEEK ENDING DATE HOURLY RATE  M M D D Y Y Y Y S  # OF EMPLOYEES  PAID UNDER A CBA?	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per  % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR	\$ per EMP. per % OF HOURLY RATE # DAYS PER YEAR
CLASSIFICATION  TYPE OF WORK PERFORMED		PEAK WEEK ENDING DATE HOURLY RATE	\$ per EMP. per	\$ per EMP. per	\$ per EMP. per  % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE
TYPE OF WORK PERFORMED		# OF EMPLOYEES  PAID UNDER A CBA?				# DAYS PER YEAR	# DAYS PER YEAR
8. COMMENTS OR REMARKS			DESCRIPTION OF ANY	/ ADDITIONAL FRINGE (S	SEE LAST COLUMN OF IT	EM 7)	
YOUR SIGNATURE		Note: The willful falsification of any submitted information may result in civil or criminal					