

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

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. **I AM THE** ___ **GENERAL/PRIME CONTRACTOR** ___ **SUBCONTRACTOR**

<p>A. Please provide a list, on the enclosed form, of any subcontractors you used on this project, including addresses and phone numbers.</p> <p>___ THE LIST IS BEING RETURNED WITH THIS FORM</p> <p>___ THE LIST WAS PROVIDED EARLIER</p> <p>___ THERE ARE NO SUBCONTRACTORS</p>	<p>B. For the project being reported on this form, state the date the work BEGAN</p> <p>_____</p> <p>ENDED</p> <p>_____</p> <p>___ ESTIMATED ___ ACTUAL</p> <p>___ PROJECT VALUE</p> <p>_____</p>	<p>C. If you are a Subcontractor for the project being reported indicate the date your work BEGAN</p> <p>_____</p> <p>ENDED</p> <p>_____</p> <p>___ ESTIMATED ___ ACTUAL</p> <p>___ PROJECT VALUE</p> <p>_____</p>
--	---	--

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		___ WATER/SEWER
___ OTHER _____		

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

___ NUMBER OF STORIES	___ KITCHEN IN EACH UNIT? (If yes, mark the space.)	___ BATH IN EACH UNIT? (If yes, mark the space.)
------------------------------	---	--

Form WD-10

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 check the space below. You may skip the rest of this question, and sign and date the form.
 _____ ONLY SUPPLIED MATERIALS

			HEALTH & WELFARE	PENSION (401K, ETC)	APPRENTICE TRAINING	VACATION & HOLIDAY	ADDITIONAL FRINGE
CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE
TYPE OF WORK PERFORMED	# OF EMPLOYEES	PAID UNDER A CBA? _____ Yes _____ No					
CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE
TYPE OF WORK PERFORMED	# OF EMPLOYEES	PAID UNDER A CBA? _____ Yes _____ No					
CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE
TYPE OF WORK PERFORMED	# OF EMPLOYEES	PAID UNDER A CBA? _____ Yes _____ No					
CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE
TYPE OF WORK PERFORMED	# OF EMPLOYEES	PAID UNDER A CBA? _____ Yes _____ No					
CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE
TYPE OF WORK PERFORMED	# OF EMPLOYEES	PAID UNDER A CBA? _____ Yes _____ No					
CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE
TYPE OF WORK PERFORMED	# OF EMPLOYEES	PAID UNDER A CBA? _____ Yes _____ No					
CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE
TYPE OF WORK PERFORMED	# OF EMPLOYEES	PAID UNDER A CBA? _____ Yes _____ No					
CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE	<input type="checkbox"/> - \$ per EMP. per _____ <input type="checkbox"/> - % HOURLY RATE
TYPE OF WORK PERFORMED	# OF EMPLOYEES	PAID UNDER A CBA? _____ Yes _____ No					

8. COMMENTS OR REMARKS _____ DESCRIPTION OF ANY ADDITIONAL FRINGE (SEE LAST COLUMN OF ITEM 7) _____

YOUR SIGNATURE _____ DATE _____ Note: The willful falsification of any submitted information may result in civil or criminal prosecution. The information contained on this form will be used solely for the purposes of this Wage Survey. The information will not be disseminated or distributed to any party other than the U.S. Department of Labor and the Construction Industry Survey Action Team.

DAVIS-BACON WAGE SURVEY

1. Please identify by name, address, phone number, your **subcontractors** involved on each **project** for which a **WD-10** is being submitted.

PROJECT		CONTRACTOR	
NAME		NAME	
ADDRESS 1		ADDRESS	
ADDRESS 2		CITY	
CITY		STATE ZIP CODE	PHONE
STATE COUNTY		TYPE OF WORK	
_____	_____	_____	_____
NAME	_____ same project as above	NAME	
ADDRESS 1		ADDRESS	
ADDRESS 2		CITY	
CITY		STATE ZIP CODE	PHONE
STATE COUNTY		TYPE OF WORK	
_____	_____	_____	_____
NAME	_____ same project as above	NAME	
ADDRESS 1		ADDRESS	
ADDRESS 2		CITY	
CITY		STATE ZIP CODE	PHONE
STATE COUNTY		TYPE OF WORK	
_____	_____	_____	_____
NAME	_____ same project as above	NAME	
ADDRESS 1		ADDRESS	
ADDRESS 2		CITY	
CITY		STATE ZIP CODE	PHONE
STATE COUNTY		TYPE OF WORK	
_____	_____	_____	_____