

Davis-Bacon Wage Survey - Subcontractor List

1. Please identify by name, address, phone number, your subcontractors that performed work on each project for which a WD-10 is being submitted.
2. Please PRINT each character into the white box with black/blue pen or TYPE information into the white boxes.

| PROJECT NAME ON WD-10 | | | | | SUBCONTRACTOR | | | | | | | | |
|-----------------------|-----------|-----------|------|--------------|---------------|-----------|------|----------------|-------|---------|------|----------------|-------|
| NAME | ADDRESS 1 | ADDRESS 2 | CITY | STATE COUNTY | NAME | ADDRESS | CITY | STATE ZIP CODE | PHONE | | | | |
| Same Project as above | | | | | NAME | ADDRESS | CITY | STATE ZIP CODE | PHONE | | | | |
| | | | | | ADDRESS 1 | ADDRESS 2 | CITY | STATE COUNTY | NAME | ADDRESS | CITY | STATE ZIP CODE | PHONE |
| | | | | | ADDRESS 1 | ADDRESS 2 | CITY | STATE COUNTY | NAME | ADDRESS | CITY | STATE ZIP CODE | PHONE |
| | | | | | ADDRESS 1 | ADDRESS 2 | CITY | STATE COUNTY | NAME | ADDRESS | CITY | STATE ZIP CODE | PHONE |
| Same Project as above | | | | | NAME | ADDRESS | CITY | STATE ZIP CODE | PHONE | | | | |
| | | | | | ADDRESS 1 | ADDRESS 2 | CITY | STATE COUNTY | NAME | ADDRESS | CITY | STATE ZIP CODE | PHONE |
| | | | | | ADDRESS 1 | ADDRESS 2 | CITY | STATE COUNTY | NAME | ADDRESS | CITY | STATE ZIP CODE | PHONE |
| | | | | | ADDRESS 1 | ADDRESS 2 | CITY | STATE COUNTY | NAME | ADDRESS | CITY | STATE ZIP CODE | PHONE |
| Same Project as above | | | | | NAME | ADDRESS | CITY | STATE ZIP CODE | PHONE | | | | |
| | | | | | ADDRESS 1 | ADDRESS 2 | CITY | STATE COUNTY | NAME | ADDRESS | CITY | STATE ZIP CODE | PHONE |
| | | | | | ADDRESS 1 | ADDRESS 2 | CITY | STATE COUNTY | NAME | ADDRESS | CITY | STATE ZIP CODE | PHONE |
| | | | | | ADDRESS 1 | ADDRESS 2 | CITY | STATE COUNTY | NAME | ADDRESS | CITY | STATE ZIP CODE | PHONE |

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

DAVIS-BACON WAGE SURVEY - SUBCONTRACTOR LIST

SIDE 2

1. Please identify by name, address, phone number, your subcontractors that performed work on each project for which a WD-10 is being submitted.
2. Please PRINT each character into the white box with black/blue pen or TYPE information into the white boxes.

| PROJECT NAME ON WD-10 | | | | | SUBCONTRACTOR | | | | |
|-----------------------|-----------------------|--|--|--|---------------------|-----------------|--------------|--|--|
| 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 | | | | |