

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

FORM WD10 (G) (06/21/2017)

U.S. Department of Labor
Wage and Hour Division

OMB No. 1235-0015 Expires 12/31/2020

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		STATE	ZIP
CITY	EXTENSION	FAX	
PHONE	CONTRACTOR	ASSOCIATION	UNION
	AGENCY	OTHER	

2. Submitter information

LAST NAME AND FIRST NAME	CONTRACTOR	UNION	AGENCY	OTHER
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	

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 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 information to the Office of Management and Budget, Paperwork Project Director (0304-0188).

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.

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

THE LIST WAS PROVIDED EARLIER

THERE ARE NO SUBCONTRACTORS

B. For the project being reported on this form state the date the work

BEGAN

ENDED

ESTIMATED

ACTUAL PROJECT VALUE

GENERAL/PRIME CONTRACTOR

SUBCONTRACTOR

C. If you are a Subcontractor for the project being reported indicate the date your work

BEGAN

ENDED

ESTIMATED

ACTUAL SUBCONTRACT VALUE

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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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 fill in the circle below. You may skip the rest of this question, and sign and date the form.

CLASSIFICATION	TYPE OF WORK PERFORMED	PEAK WEEK ENDING DATE	HOURLY RATE	# OF EMPLOYEES PAID UNDER A CBA?	LOCAL #	PENSION (401K, ETC)		APPRENTICE TRAINING		VACATION & HOLIDAY		ADDITIONAL FRINGE	
						\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE
CLASSIFICATION	TYPE OF WORK PERFORMED	PEAK WEEK ENDING DATE	HOURLY RATE	# OF EMPLOYEES PAID UNDER A CBA?	LOCAL #	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE
CLASSIFICATION	TYPE OF WORK PERFORMED	PEAK WEEK ENDING DATE	HOURLY RATE	# OF EMPLOYEES PAID UNDER A CBA?	LOCAL #	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE
CLASSIFICATION	TYPE OF WORK PERFORMED	PEAK WEEK ENDING DATE	HOURLY RATE	# OF EMPLOYEES PAID UNDER A CBA?	LOCAL #	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE	\$ per EMP. per % OF HOURLY RATE
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8. COMMENTS OR REMARKS

YOUR SIGNATURE _____ DATE _____

DESCRIPTION OF ANY ADDITIONAL FRINGE (SEE LAST COLUMN OF ITEM 7)

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