

OFFICE OF CONSTRUCTION INDUSTRY ENFORCEMENT REQUEST FOR CERTIFIED PREVAILING WAGE RATES

Must complete entire form to receive certified rates

Requestor Information:	Date
Company Name:	
Mailing Address:	
Telephone Number:	Fax Number:
Contact Person (Name/Title):	
E - Mail Address	
Project Information:	
County in Delaware where work is being p	performed:
Project Name:	
Address where work will be performed: _	
Contract #:	Estimated Cost to complete Project:
Itemized Construction Cost Breakdown o	by attachment:
Describe scope of work to be performed:	
Type of Construction (i.e. new construction	on, renovation, repair, rehabilitation, alteration, demolition or
reconstruction, etc.):	
Is this a stand alone project? (i.e., work no	ot being performed in conjunction with any other work.
Source of State of Delaware funding? (wh	o has appropriated funding for this project?)
Who are the parties to the contract? Wha	t State agency(s) or subdivision(s) thereof?

Printed Name	Title
Signature	Date
Estimated completion date of project:	Proposed start date of project:
Date bids are due:	Contract award date:
First date of advertisement for the project: (when s	specifications are made available to the bidders)
Awarding Agency Telephone#:	
Awarding Agency Contact Person:	
Awarding Delaware State Agency:	
If yes, what is the schedule of the Federal Prevailin	g Wage Rates and provide a copy of those Rates?
If Federal funding is provided, did the Federal Gov	vernment prescribe a schedule of prevailing wage rates?
Project? If yes, what is the source or ag	ency providing the funds?
Will the Federal Government or any of its agencies	furnish by loan or grant any part of funds used for this

Please sign and return this form by email to:

Ms. Stephanie Holt, Administrative Assistant - <u>Stephanie.Holt@delaware.gov</u>
Mr. Fran Chudzik, Administrator - <u>Francis.chudzik@delaware.gov</u>
Delaware Department of Labor
Office of Construction Industry Enforcement
4425 North Market Street 3rd Floor
Wilmington, DE 19802