STATE OF MARYLAND

Department of Labor, Licensing and Regulation
Division of Labor and Industry
1100 N. Eutaw Street, Room 607
Baltimore, Maryland 21201
(410) 767-2365

Prevailing Wage Survey Form

General Contractor: _____

Contractor: _____ Address: _____ Phone: _____

Contractor FEIN: _____ Contractor Association FEIN: _____

Job Name: _____

Job Location: _____ County: _____

Approx. Start Date: _____ Approx. Completion Date: _____

Approx. Value of Contract: $_____

Type of Construction: ☐**Building** ☐**Highway** ☐**Residential** ☐**Dredging**

Project is Subject to: ☐State Wage Determination ☐Federal (Davis-Bacon) Wage Determination ☐Neither

Brief Job Description: _____

_____

CLASSIFICATION	Number of Employees Working In this Classification	Is the Contractor Party to a Collective Bargaining Agreement Under Which Workers Were Paid? **Y or N**	Peak Week	Rate Paid Per Hour	Health & Wellness	Pension & Annuity	Vacation	Appren. & Training	Other Fringe Benefits Paid

INSTRUCTIONS: From payrolls on *any project*, select **peak week** of performance per craft used on the project. (Include All Crafts Used)
CERTIFICATION: I hereby certify that these figures are a transcript taken from payrolls on said project.

Name and Title (Please Print)	Signature	Telephone Number	Date