

West Virginia Division of Labor

Prevailing Wage Classification Review Request

Name of Company:

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone Number:

Email
Address:

Date of Request:

Person Completing Form
(Circle):

Employee Performing Work, Contractor
Employing Individual to Perform Work,
Public Authority or Third Party

Project Name/or Number

Name of Contractor
performing the work (if
form is being filled out by
someone other than the
contractor):

Date Project was contracted:

If unknown, enter
approximate start date:

Project Location (City):

Project Location
(County):

Provide a complete and
detailed description of work
being submitted for review:

List equipment used by the worker:

Attach a copy of the scope of work contained in the project contract to an email or fax, if available.

Name

Signature

Date

Please complete and sign this form and mail it to:

**WEST VIRGINIA DIVISION OF LABOR
749 -B BUILDING 6, CAPITOL COMPLEX
CHARLESTON WV 25305**

FACSIMILE: (304) 558-3797

EMAIL: Barbara Gandy – Barbara.L.Gandy@wv.gov

If you need additional information or help with this form, please contact the Wage and Hour Department at (304) 558 -7890 Ext. 145.