

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.