

West Virginia Division of Labor

Prevailing Wage Project Determination

Name of Company: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone Number: _____ Email Address: _____

Person Completing Form (Circle): Employee Performing Work, Contractor Employing Individual Performing Work, Public Authority, or Third Party

If Third Party selected, state reason for request and/or affiliation with Project:

Date of Request: _____ Date project was awarded/or scheduled to be awarded? _____

Project Location (City): _____ Project Location (County): _____

Public Authority & Funding Information

Name of Public Authority in charge of the project: _____

Phone Number: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Name of Person in charge of the disbursement of funds and/or overseeing of the project: _____

Phone Number: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Source of Funding (Circle):: Federal, State, Federal & State, Other

If OTHER selected, please describe in detail source of funding:

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Project Name:

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Scope of Work**

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****If the project has already been awarded, a copy of the contract showing the date of award AND a complete scope of work is required.**

Name	Signature	Date
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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.