

Pay Scale Certification for Public Works Projects

Other (specify)

| Name of Contractor <input type="checkbox"/> or <input type="checkbox"/> Subcontractor | | Business Address | | Project Name: | | Submit form by email:prevailingwage@doli.virginia.gov |
|--|----------------------|--------------------------|---|-------------------------------|--|---|
| F.E.I.N. | | Project Location | | Contractor License No. (DPOR) | | |
| Project Start Date | End Date (projected) | | | | | |
| 1. Work Work Classification/ <i>e.g., carpenter, mason, plumber</i> | | 2. Hourly Rate of Pay | 3. Total Fringe Benefit Cost/Hour | | | <p>I, the undersigned, do hereby state and certify: That this is accurate pay scale for the classes of mechanics, laborers and workers employed at</p> <p>_____</p> <p>(Project Name & Location)</p> <p>during the term of the contract with</p> <p>_____</p> <p>(Contracting Governmental Entity)</p> <p><input type="checkbox"/> By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.</p> <p>Name _____</p> <p>Title _____ Date (mm/dd/yy) _____</p> |
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Check if additional sheets used

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR TO CRIMINAL PROSECUTION. — VA Code 40.1-51.4:2