Virginia Department of Labor and Industry

Pay Scale Certification for Public Works Projects

Name of Contractor ☐ or ☐ Subcontractor F.E.I.N.		Business Address Project Location	Project Name: Contractor License No. (DPOR)	DOLI Project Number: Submit form by email: prevailingwage@doli.virginia.gov
Work Start Date	End Date (per pay period)			

1.Work Work Classification/ *e.g., carpenter, mason, plumber*	2.Hourly Rate of Pay	3. Total Fringe Benefits

I, the undersigned, do hereby state and certify: That this is accurate pay scale for the classes of mechanics, laborers and workers employed at

_____
_____ (Project Name & Location)

during the term of the contract with
_____
(Contracting Governmental Entity)

☐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.

Name _____

Title _____ Date (mm/dd/yy) _____

☐ 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