



OFFICE OF LABOR LAW ENFORCEMENT
REQUEST FOR CERTIFIED PREVAILING WAGE RATES

Must complete entire form to receive certified rates

Requestor Information: Date

Company Name:

Mailing Address:

Telephone Number: Fax Number:

Contact Person (Name/Title):

E Mail Address

Project Information:

County in Delaware where work is being performed:

Project Name:

Address where work will be performed:

Contract #: Estimated Cost to complete Project:

Itemized Construction Cost Breakdown or by attachment:

Blank lines for itemized construction cost breakdown.

Describe scope of work to be performed:

Blank lines for describing the scope of work.

Type of Construction (i.e. new construction, renovation,/repair, rehabilitation, alteration, demolition or reconstruction, etc.):

Is this a stand alone project? (i.e., work not being performed in conjunction with any other work.

Source of State of Delaware funding? (who has appropriated funding for this project?)

Who are the parties to the contract? What State agency(s) or subdivision(s) thereof

Will the Federal Government or any of its agencies furnish by loan or grant any part of funds used for this project? \_\_\_\_\_ If yes, what is the source or agency providing the funds? \_\_\_\_\_

If Federal funding is provided, did the Federal Government prescribe a schedule of prevailing wage rates? \_\_\_\_\_

If yes, what is the schedule of the Federal Prevailing Wage Rates and provide a copy of those Rates? \_\_\_\_\_

Awarding Delaware State agency: \_\_\_\_\_

Awarding agency Contact person: \_\_\_\_\_

Awarding agency telephone #: \_\_\_\_\_

First date of advertisement for the project: (when specifications are made available to the bidders) \_\_\_\_\_

Date bids are due: \_\_\_\_\_ Contract award date: \_\_\_\_\_

Estimated completion date of project: \_\_\_\_\_ Proposed start date of project: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Please sign and return this form by mail or fax to:  
Mr. Anthony J. DeLuca, Administrator  
Delaware Department of Labor  
Office of Labor Law Enforcement  
4425 North Market Street 3<sup>Rd</sup> Floor  
Wilmington, DE 19802

Phone: 302-761-8320  
Fax: 302-661-7205

**Date Received** \_\_\_\_\_

**Date of Certification** \_\_\_\_\_