

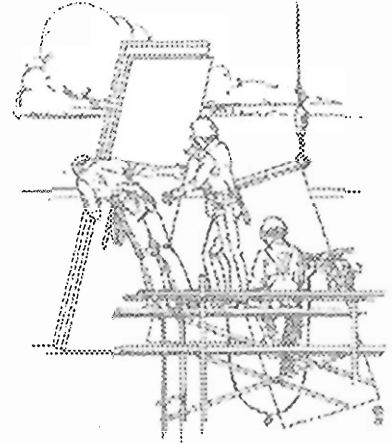
**CONNECTICUT DEPARTMENT OF LABOR**  
Wage and Workplace Standards Division  
PREVAILING WAGE RATES REQUEST FORM

*CONTRACTING AGENCY/POLITICAL SUBDIVISION OR THEIR AGENT REQUESTING RATES*

Project Name and Number (If Applicable):

Location of Project:

Project Description:



Total Cost of Project:

Estimated Duration of the Project: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Date Advertised to Bid:

✓ CHECK THE TYPE OF SCHEDULE(S) NEEDED:

- 1) BUILDING
- 2) HEAVY/HIGHWAY
- 3) RESIDENTIAL
- 4) SPANISH RATES (available in Building Only upon request)

MAIL \_\_\_\_\_ PICK-UP \_\_\_\_\_ OR E-MAIL (provide email address) \_\_\_\_\_

*Please fax or mail to: Connecticut Department of Labor  
Wage & Workplace Standards Division  
Attention: Holly Carter  
200 Folly Brook Blvd.  
Wethersfield, CT 06109  
Fax Number (860)263-6541  
Telephone Number (860)263-6549*

**Request Initial Rates on Line:**

**[WWW.CTDOL.STATE.CT.US/WGKSTND/FORMS/PREVGWGM.HTM](http://WWW.CTDOL.STATE.CT.US/WGKSTND/FORMS/PREVGWGM.HTM)**

*As required by law please submit requests for rates at least ten (10) days but not more than twenty (20) days prior to the date of advertisement for bid.*

 NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON REQUESTING RATES: