

Date Received:	
Received By:	
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* Official Use Only *

Request for Additional Wage Classification

Project Name					
DOLI Project Number					
Location (City/County)					
Contracting Agency					
Contactor Information (Email and Phone)					
Proposed Classification Title	Job Description	Dutie	es	Suggested Wage Rate (Agency)	Suggested Wage Rate (Contractor)
Please submit this form to may have.	PrevailingWage@doli	.virginia.gov a	along with	any supporting docu	ments you
I swear and certify that the true and accurate:	e information I have բ	provided to th	ne Departn	nent of Labor and In	dustry is
Print Name					
Sign Name				Date	