

IBEW Local Union 292

PREVAILING WAGE FORM

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PROJECT ID: _____

PROJECT TYPE

Commercial over \$2,500	Bid	Project Value \$ _____
Highway/Heavy over \$25,000	Negotiated	
Residential	Maintenance	Sub-Contract Value \$ _____

PROJECT NAME: _____

PROJECT ADDRESS OR LOCATION: _____

PROJECT CITY: _____ COUNTY: _____

CONTRACTOR NAME: _____

CONTRACTOR IS: General/Primary

 Sub-Contractor, if Sub-Contractor, who is the
 General/Primary on this Project _____

This is the 1st visit 2nd Visit 3rd Visit Visit Date _____

Employees listed on form **must** be those present on jobsite during Visit.

Project Start Date _____ Project Finish Date _____

BRIEF DESCRIPTION OF PROJECT:

Journeyman Inside Wireman

Journeyman Installer/Journeyman Technician

Residential	Audio Visual	Voice Data
Industrial	Fire Alarm	
Commercial	Security	

WORK ASSIGNED BY CONTRACTORS: _____

THIS PROJECT IS:

- | | | |
|----------------------------------|---|------------------------------------|
| Apartment Building <i>*R</i> | Motel/Hotel <i>C</i> | Residential <i>* R</i> |
| Bicycle Path <i>H</i> | Nursing Facility/Assisted Living <i>* R</i> | Road/Street/Highway/Drive <i>H</i> |
| Bridge over Nav. Water <i>H</i> | Office/Commercial Building <i>C</i> | School <i>C</i> |
| Bridge (Any other type) <i>H</i> | Paving <i>H</i> | Site Preparation <i>C</i> |
| Dormitory <i>R</i> | Parking Lot <i>H</i> | Treatment Plant <i>H</i> |
| Hospital <i>C</i> | Playground <i>H</i> | Water/Sewer <i>H</i> |
| Other _____ | | |

***If you selected APARTMENT BUILDING, NURSING FACILITY or RESIDENTIAL:**

_____ # OF STORIES	KITCHEN IN EACH UNIT	IF YES	BATH IN EACH UNIT	IF YES
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OTHER CONTRACTORS ON THIS JOB: _____ Non-Union

_____ Non-Union

_____ Non-Union

_____ Non-Union

Submitted by: _____ Phone No: _____

Date: _____ E-mail: _____