DAVIS-BACON
Contractor Profile

Name of Business _____

Street Address _____

City, County, State, and Zip Code _____

Phone _____ Fax _____ E-Mail _____

Federal Tax Id. _____ State Tax Id. _____

Nature of Business _____

Person(s) authorized to sign Certified Payroll Reports

1. _____

2. _____

Identify the work classification(s) and base wage rate payment for employees performing work on the project site.

	Work Classification	Base Rate of Pay	Fringe Benefits	Total Pay
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

The fringe benefit payment will be (check one):

A. _____ Paid directly to each work in the amount of $_____.

B. _____ Paid to a union benefit plan (or plans) in the amounts indicated below:

	Holiday	Vacation	Health & Welfare	Dental	Pension	Other (Identify)
Pay Amount	$	$	$	$	$	$

Benefit funds are deposited into accounts maintained by _____

Address _____ Phone _____ Account # _____

C. _____ Paid to a non union benefit plan (or plans) in the amounts indicated below:
ATTACH COPY OF BENEFIT PLAN(S) FOR REVIEW/APPROVAL

	Pension	Medical	Dental	Other (Identify)
Pay Amount	$	$	$	$

Benefit funds are deposited into accounts maintained by _____

Addresses_____ Phone _____ Account #_____

IF ADDITIONAL SPACE IS NEEDED TO RESPOND TO ANY QUESTIONS, PLEASE ATTCH A SEPARATE SHEET.

_____ _____
Owner/Principal Officer Name Signature & Date