



STATE OF NEVADA
 OFFICE OF THE LABOR COMMISSIONER
 675 Fairview Drive, Suite 226
 CARSON CITY, NEVADA 89701
 (702) 486-2795

SURVEY #
FOR OFFICE USE ONLY

2011-2012 CONSTRUCTION WAGE SURVEY
 FOR WORK PERFORMED FROM JULY 1, 2010 TO JUNE 30, 2011

PLEASE NOTE: Completed surveys must be **received** by the Labor Commissioner's Office by 5:00 PM, Friday, July 15, 2011. Late, illegible or incomplete forms may be rejected. Please read the instructions before completing survey. **Faxed/E-mailed copies will not be accepted.** Please contact our office at (775) 687-4850 for assistance in completing the survey.

If Survey does not apply, please circle one and return form: *No Employees* *Retired/Inactive* *Mgmt. or Supplies Only*

1. PROJECT NAME	2. DATE(S) OF WORK (From/To)	3. PWP Y/N	4. COUNTY NAME	5. CRAFT CODE	6. # OF HOURS	7. BASE RATE PER HOUR	8. FRINGES PER HOUR (If applicable)	9. COLLECTIVE BARGAINING AGREEMENT*	
								If YES, give Local Name & No.	NO

Please PRINT information as it appears on Contractor's License:

Business Name: _____
 Street/PO Box: _____
 City, State: _____
 Zip Code: _____
 Telephone: _____
 E-mail Address: _____

I hereby certify the information provided herein is true and accurate to the best of my knowledge.

Prepared By (Print): _____ PH: () - _____
 Preparer's Signature: _____ TITLE: _____
 Contractor's Signature: _____ DATE: _____

PLEASE NOTE: PURSUANT TO NAC §338.020(3), INFORMATION THAT CANNOT BE VERIFIED WILL BE EXCLUDED.

* For each line item, if the work performed was signatory to a Collective Bargaining Agreement, indicate the union name and local number. (e.g. Widgetmakers Local #587)