

ARKANSAS DEPARTMENT OF LABOR
10421 WEST MARKHAM
LITTLE ROCK, ARKANSAS 72205-2190
(501) 682-4536

PREVAILING WAGE CLAIM

CLAIMANT

1. Name: _____
2. Address: _____
(Street & Number) (City) (State) (Zip)
3. Social Security No. _____ Telephone No. (_____) _____

EMPLOYER

4. Business Name: _____
5. Owner: _____
6. Address: _____
(Street & Number) (City) (State) (Zip)
7. Telephone No. _____ Supervisor: _____

CLAIM

8. Title of Construction Project: _____
9. Location of Project: _____
(Street)

(City and County)
10. Job Classification: _____ Hourly Rate of Pay \$ _____
11. Hourly Rate Overtime: \$ _____ Date Hired: _____ Date Left: _____
12. List any fringe benefits paid by employer (including but not limited to insurance, pension, paid vacation or holidays, training, or other apprenticeship fees): _____

13. Do you have check stubs or other records confirming your rate of pay? _____
14. In an average week, how many hours did you work? _____
15. Briefly explain your duties on the project and the tools you used: _____

APPRENTICES

16. Are you registered in a program recognized by the Bureau of Apprenticeship and Training? _____
17. What percentage of the journeyman rate should you be receiving? _____
18. Do you have a copy of your apprenticeship registration? _____

I hereby certify that I have read the preceding questions and answers and they are true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

(FOR OFFICE USE ONLY)

Determination No. _____

Date Received: _____

Rate for Class: _____

Underpayment: _____

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