State of Maine Department of Labor Bureau of Labor Standards

45 State House Station | Augusta, Maine 04333-0045 Telephone: 207-623-7906 MAINE DEPARTMENT OF LABOR

Request For Wage Determination

In accordance with 26 MRSA §1301 et. seq., a request for a determination of the fair minimum wage rate to be paid laborers, workers, and mechanics on the project described below is hereby made.

(Print or Type Only)	
1. Project Title:	
2. Description of Project:	
3. Location of Project: (Ci	ivil Division/City and County)
A Check All Types of con	astruction to be performed on this project, and indicate the estimated cost for
each type.	istruction to be performed on this project, and indicate the estimated cost for
Building 1 (1 or 2 family)	Building 2 Highway & Heavy & Heavy & Gother than 1 or 2 Highway & Bridge
homes)	family homes)
\$	\$ \$
5. Proposed Advertising Date Contract Signing Date	
6. Date	Project Manager/phone
	Signature of Requesting Officer
	Name (Typed or Printed)
	Title of Requesting Officer
	Requesting Officer's Telephone Number
	Requesting Agency
	Mailing Address
A determination will be issued for each type of construction performed on this project. Do not request a determination for contracts that will amount to less than \$50,000.	
BLS use only Determination Issuby BLS424 (R2018)	See instructions on page two. uedMailing DateDetermination Number