



MAINE DEPARTMENT OF LABOR
BUREAU OF LABOR STANDARDS
45 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0045

JANET T. MILLS
Governor

LAURA A. FORTMAN
Commissioner

JASON MOYER-LEE
Director

2024 Construction Wage Survey Authorization Form

Union Representative: _____

Union Local: _____

I hereby certify that I have reviewed the information being provided on my behalf by the Union Representative above, which is a full and complete roster of all employees who are members of the Union Local above and confirm that the wage and benefit information being submitted is accurate.

I understand that I am still responsible for submitting the 2024 Construction Wage Survey for any employees not recorded in the union submission, and failure to do so before October 19th will result in a penalty in accordance with Title 26 M.R.S. Chapter 15 §1308(1-A).

Employer Name: _____

Employer Representative Name: _____

Employer Representative Position: _____

Employer Representative Signature: _____

Date: _____