1. FROM (name and address of requesting agency)

2. PROJECT NAME AND NUMBER

3. LOCATION OF PROJECT (City, County and State)

4. BRIEF DESCRIPTION OF PROJECT

5. CHARACTER OF CONSTRUCTION
   - Building
   - Heavy
   - Residential
   - Highway
   - Other (specify)

6. WAGE DECISION NO. (include modification number, if any)

7. WAGE DECISION EFFECTIVE DATE
   - COPY ATTACHED

8. WORK CLASSIFICATION(S)

<table>
<thead>
<tr>
<th>WORK CLASSIFICATION(S)</th>
<th>HOURLY WAGE RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BASIC WAGE</td>
</tr>
<tr>
<td></td>
<td>FRINGE BENEFIT(S) (if any)</td>
</tr>
</tbody>
</table>

9. PRIME CONTRACTOR (name, address)

10. SUBCONTRACTOR/EMPLOYER, IF APPLICABLE (name, address)

**Check All That Apply:**
- The work to be performed by the additional classification(s) is not performed by a classification in the applicable wage decision.
- The proposed classification is utilized in the area by the construction industry.
- The proposed wage rate(s), including any bona fide fringe benefits, bears a reasonable relationship to the wage rates contained in the wage decision.
- The interested parties, including the employees or their authorized representatives, agree on the classification(s) and wage rate(s).
- Supporting documentation attached, including applicable wage decision.

**Check One:**
- Approved, meets all criteria. DOL confirmation requested.
- One or more classifications fail to meet all criteria as explained in agency referral. DOL decision requested.

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FOR HUD USE ONLY
LR2000:

Agency Representative (Typed name and signature)

Date

Phone Number

Log in:

Log out: