





WHAT WAS THE CONTACT OR BID NUMBER FOR THIS PROJECT:\_\_\_\_\_

ARE YOU A STATE REGISTERED APPRENTICE\_\_\_\_ YES\_\_\_\_ NO

IF YES, FOR WHAT TRADE?

GIVE US THE NAMES, ADDRESSES, AND PHONE NUMBERS OF ANY WITNESSES

WHO CAN TESTIFY TO THE VALIDITY OF THIS CLAIM ON YOUR BEHALF:

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WERE THE PREVAILING WAGE RATES POSTED AT THE CONSTRUCTION SITE?  
\_\_\_\_YES\_\_\_\_NO

**BENEFITS**

WHAT FRINGE BENEFITS WERE OFFERED BY YOUR EMPLOYER, e.g. MEDICAL,  
VACATION, HOLIDAYS, PENSION, ETC.

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DID YOU RECEIVE THE FRINGE BENEFIT(s)?\_\_\_\_YES\_\_\_\_NO

IF YOU DID NOT RECEIVE THE FRINGE BENEFIT(s), WHICH BENEFIT(s)DID  
YOU NOT RECEIVE?

DID YOUR EMPLOYER DEDUCT ANYTHING FROM YOUR PAY FOR THESE FRINGE  
BENEFITS? YES \_\_\_\_\_NO IF YES, HOW MUCH WAS DEDUCTED FROM YOUR PAY?

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IF YOU DID NOT RECEIVE THE BENEFIT AND MONEY WAS DEDUCTED FROM  
YOUR PAY, WERE YOU ABLE TO GET BACK THE MONEY WHICH HAD BEEN  
DEDUCTED?\_\_\_\_YES\_\_\_\_NO IF NO, HOW MUCH MONEY WAS DEDUCTED  
FROM YOUR PAY?\_\_\_\_\_

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