



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF LABOR STANDARDS

REQUEST FOR WAGE DETERMINATION

PLEASE RETURN TO: Division of Labor Standards
P.O. Box 449
Jefferson City, MO 65102-0449

Phone: 573-751-3403
Fax: 573-751-3721
E-mail: laborstandards@dolir.mo.gov
www.dolir.mo.gov/lr

REQUESTER INFORMATION		
I am requesting a wage determination according to Chapter 290 of the Missouri Prevailing Wage Law, (Section 290.210 through 290.340 and 290.550 through 290.580 RSMo).		
Name of Requester <i>(please print)</i>	Requester's Title	
Requester's Organization	Phone Number <i>(include Area Code)</i>	
Mailing Address		
City	State	Zip Code

PUBLIC BODY INFORMATION		
Name of Public Body Contract Administrator		
Official Name of the Public Body requesting the wage rates	Phone Number <i>(include Area Code)</i>	
Street Address		
City	State	Zip Code

FUNDING INFORMATION
Will the federal government or any of its agencies furnish by loans or grants any part of the funds used in your contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," will the federal government or any of its agencies also prescribe a schedule of Prevailing Wage rates? <input type="checkbox"/> Yes <input type="checkbox"/> No

COUNTY(IES) REQUESTED
Please list county(ies) requested: _____ <i>(for St. Louis, please specify "County" or "City")</i>

ANNUAL WAGE ORDER PASSWORDS
The Annual Wage Order is being provided to requesters by web based receipt. Passwords are required to access the Annual Wage Order and Incremental Increases on the Internet.
For faster assistance, please provide your e-mail address: _____

Requester's Signature

_____/_____/_____
Date of Request