PREVAILING WAGE CERTIFICATION FORM

Illinois Department of Labor
900 South Spring Street
Springfield Illinois 62704

CIRCLE SOC. NO.

SOC. NO.	TRADE
8711	ASBESTOS ABT-MEC
8712	ASBESTOS ABT-GEN
6814	BOILERMAKER
6412	BRICK MASON
6422	CARPENTER
6463	CEMENT MASON
A025	CERAMIC TILE FINISHER
A001	COMMUNICATIONS TECHNICIAN
A002	COMMUNICATION SYSTEMS TECH
A003	COMMUNICATION ELECTRICIAN
6432	ELECTRICIAN
6433	ELECTRIC PWR LINEMAN
6434	ELECTRIC PWR GRNDMAN
8311	ELECTRIC PWER EQMT OP
8211	ELECTRIC PWR TRK DRV
6157	ELECTRONIC SYSTEM TECH
6176	ELEVATOR CONSTRUCTOR
6491	FENCE ERECTOR
A009	FLOOR LAYER
6464	GLAZIER
6465	HEAT/FROST INSULATOR
6471	IRON WORKER
8710	LABORER
A007	LABORER, SKILLED
6424	LATHER
6179	MACHINERY MOVER
6813	MACHINIST
6415	MARBLE MASON
A087	MARBLE FINISHER
A005	MATERIAL TESTER 1
A006	MATERIAL TESTER 2
6178	MILLWRIGHT
8310	OPERATING ENGINEER
6492	ORNAMENTAL IRON WORKER
6442	PAINTER
6445	PAINTER PWR EQMT
6446	PAINTER OVER 30 FT.
6863	PAINTER - SIGNS
6476	PILEDRIVER
6444	PLASTERER
6450	PLUMBER
6451	PIPEFITTER
6468	ROOFER
6472	SHEETMETAL WORKER
6493	SIGN HANGER
6452	SPRINKLER FITTER
6473	STEEL ERECTOR
6413	STONE MASON
8217	TRAFFIC SAFETY WORKER
6481	TUCKPOINTER
6461	TERRAZZO MASON
A008	TERRAZZO FINISHER
6423	TILE LAYER
6414	TILE MASON
8210	TRUCK DRIVER

This form constitutes the official certification by the below listed organization of the wages and benefits paid to workers, laborers, and mechanics working on Public Works Jobs and who are covered by collective bargaining agreements with the certifying organization. Rates or benefits paid on private/Non-Public Works jobs as defined by statute should not be included. As a courtesy please attach a copy of any collective bargaining agreement covering the workers and if there is an employer association, please identify same and provide contact information and have the association confirm the information provided by signing the sheet. Please indicate on reverse side counties where wages and benefits were paid and are applicable to this certification.

CERTIFYING ORGANIZATION_____LOCAL # _____

ADDRESS _____

_____

PHONE _____E-Mail_____

TYPE: ALL (1) _____ FLT (4) _____
BLD (2) _____ RIV (5) _____
HWY (3) _____ O&C (6) _____

EFFECTIVE DATE: _____

NUMBER OF PERSONS COVERED: _____

WAGE RATE: $_____

FOREMAN: $_____

HLTH/WLFR: $_____

PENSION:
Local $_____
National $_____
Annuity $_____
NEBF $_____

TOTAL PENSION $_____

VACATION: $_____

BAT
APPRENTICESHIP $_____

OVERTIME: (Show 1.5 or 2.0)

M – F OVER 8 HOURS _____
SATURDAY _____
SUNDAY/HOLIDAY _____

001 ADAMS	035 HARDIN	069 MORGAN
002 ALEXANDER	036 HENDERSON	070 MOULTRIE
003 BOND	037 HENRY	071 OGLE
004 BOONE	038 IROQUOIS	072 PEORIA
005 BROWN	039 JACKSON	073 PERRY
006 BUREAU	040 JASPER	074 PIATT
007 CALHOUN	041 JEFFERSON	075 PIKE
008 CARROLL	042 JERSEY	076 POPE
009 CASS	043 JODAVIESS	077 PULASKI
010 CHAMPAIGN	044 JOHNSON	078 PUTNAM
011 CHRISTIAN	045 KANE	079 RANDOLPH
012 CLARK	046 KANKAKEE	080 RICHLAND
013 CLAY	047 KENDALL	081 ROCK ISLAND
014 CLINTON	048 KNOX	082 ST. CLAIR
015 COLES	049 LAKE	083 SALINE
016 COOK	050 LASALLE	084 SANGAMON
017 CRAWFORD	051 LAWRENCE	085 SCHUYLER
018 CUMBERLAND	052 LEE	086 SCOTT
019 DEKALB	053 LIVINGSTON	087 SHELBY
020 DEWITT	054 LOGAN	088 STARK
021 DOUGLAS	055 MACON	089 STEPHENSON
022 DUPAGE	056 MACOUPIN	090 TAZEWELL
023 EDGAR	057 MADISON	091 UNION
024 EDWARDS	058 MARION	092 VERMILION
025 EFFINGHAM	059 MARSHALL	093 WABASH
026 FAYETTE	060 MASON	094 WARREN
027 FORD	061 MASSAC	095 WASHINGTON
028 FRANKLIN	062 MCDONOUGH	096 WAYNE
029 FULTON	063 MCHENRY	097 WHITE
030 GALLATIN	064 MCLEAN	098 WHITESIDE
031 GREENE	065 MENARD	099 WILL
032 GRUNDY	066 MERCER	100 WILLIAMSON
033 HAMILTON	067 MONROE	101 WINNEBAGO
034 HANCOCK	068 MONTGOMERY	102 WOODFORD

I, _____, hereby certify that the foregoing information is correct. _____
(Print Name) (Signature)

Association confirmation: _____.
(Signature)