

Classification and Code Clarification Form

(To be completed before work begins on the project.)

Print in ink or type your responses

Requestor				
Name		Title		
Address		Email address		
City	State	ZIP code	Telephone	
Company		Other telephone		
Project information				
Project name		Project number	Prime contractor	
Address		County	Address	
City	State	ZIP code	Telephone	
Type of project			Estimated work start-date	
<input type="checkbox"/> Road/bridge	<input type="checkbox"/> Building	<input type="checkbox"/> Restoration/conservation		<input type="checkbox"/> Airport
List of work tasks and tools used				
Tasks		Tools used	% of time	
Contractor's suggested code and classification, if any		Contract authority's suggested code and classification, if any		
To contracting authority requesting clarification: Submit all correspondence from the contractor and laborers in question regarding classification of labor and a copy of the project specifications.				
To the best of my knowledge, the information I have provided is true and accurate.				
Requestor's signature			Date	

Return this form to:

Email: dli.prevwage@state.mn.us

Mail: Minnesota Department of Labor and Industry, Labor Standards, 443 Lafayette Road N., St. Paul, MN 55155

A response with a recommendation from our office will generally follow within one to two weeks.