Prevailing Wage Certification Form

		Federal				State						
Decision Number:												
Job Classification		**Base Wage Due**	**Fringe Benefits Due**	**Total Package Due**		**Base Wage Due**	**Fringe Benefits Due**	**Total Package Due**		**Base Wage Paid by Contractor**	**Fringe Provded by Contractor**	**Total Package Paid by Contractor**

Certified by: _____ Title: _____ Date: _____