



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF LABOR STANDARDS

**REQUEST FOR WAGE DETERMINATION**

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

Phone: 573-751-3403  
Fax: 573-751-3721  
E-mail: [prevailingwage@dolir.mo.gov](mailto:prevailingwage@dolir.mo.gov)  
Website: [www.dolir.mo.gov/ls](http://www.dolir.mo.gov/ls)

<b>REQUESTER INFORMATION</b>		
I am requesting a wage determination according to Chapter 290 of the Missouri Prevailing Wage Law (sections 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	E-mail Address	
City	State	Zip Code

<b>PUBLIC BODY INFORMATION</b>		
Contact Person at Public Body		
Official Name of the Public Body requesting the wage rates	Phone Number <i>(include Area Code)</i>	
Street Address	E-mail Address	
City	State	Zip Code

<b>FUNDING INFORMATION</b>
Will the federal government or any of its agencies furnish loans or grants for 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

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

<b>ANNUAL WAGE ORDER PASSWORDS</b>
The Annual Wage Order is being provided to requesters via the Division's website. Passwords are required to access the Annual Wage Order and Incremental Increases on the Internet. Please provide an e-mail address below where we can send a password to you.
E-mail address: _____

\_\_\_\_\_  
Requester's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Request