## List of Trades/Crafts Instructions

All contractors working on projects subject to prevailing wage requirements should submit to the City's Prevailing Wage Unit, Labor Compliance Department:

1) List of crafts and/or trades for work to be performed by your firm and each subcontractor, vendor or supplier.

Example:

## ACCEPTABLE

| TRADE/CRAFT | CLASSIFICATION | DETERMINATION <br> NUMBER |
| :--- | :--- | :--- |
| LABORER | Laborer: Engineering Construction Group 1 | SD-23-102-3-2014-2 |
| OPERATING ENGINEER | OPERATING ENGINEER Group 12 | SD-23-63-3-2016-1 |
| CARPENTER | Carpenter (Heavy and Highway Work) | SD-23-31-4-2015-2 |
| LABORER | Laborer (Engineer Construction) Period 4 | 2016-2 |
|  |  |  |

NOT ACCEPTABLE

| TRADE/CRAFT | CLASSIFICATION | DETERMINATION <br> NUMBER |
| :--- | :--- | :--- |
| LABORER | Laborer Engineering | $2014-2$ |
| CARPENTER | Carpenter | SD-23-31-4-2015-2 |
|  | Apprentice | $2016-2$ |
|  | Plastering |  |
|  |  |  |

2) The name, contact person, business address, telephone (including area code) and email address for the prime contractor, each subcontractor, vendor or supplier along with the specific dollar amount of each subcontract. If different from the specified business address, provide address and telephone number of the facility where payroll records are located and maintained. Also, please provide the anticipated start and end dates for each contractor.

NOTE: You must list all subcontractors, vendors, and suppliers, regardless of dollar amount and tier level.

## List of Trades/Crafts

Project Title: $\qquad$
Bid Number:
Contractor:
Indicate Role: $\square$ Prime Contractor Subcontractor
$\square$ Tier Subcontractor If tier sub, indicate prime

Contract: $\qquad$ Phone: $\qquad$
Email:
Address: $\qquad$

Anticipated Start Date: $\qquad$ Dollar Amount: $\qquad$
Anticipated End Date: $\qquad$

| TRADE/CRAFT | CLASSIFICATION | DETERMINATION <br> NUMBER |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

