

## Classification and Code Clarification Form

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

Print in ink or type your responses

<b>Requestor</b>				
Name		Title		
Address		Email address		
City	State	ZIP code	Telephone	
Company		Other telephone		
<b>Project information</b>				
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
<b>List of work tasks and tools used</b>				
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](mailto: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.