

**Form 90**  
**SF-308 REQUEST FOR DETERMINATION AND RESPONSE TO REQUEST**

U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS ADMINISTRATION		REQUEST FOR DETERMINATION AND RESPONSE TO REQUEST (DAVIS BACON ACT AS AMENDED AND RELATED STATUTES)			
FOR DEPARTMENT OF LABOR USE ONLY	REQUESTING PERSON (Typed name and signature)			INDICATE CRAFTS NEEDED Attach add sheets if needed.  <input type="checkbox"/> Asbestos workers <input type="checkbox"/> Boilermakers <input type="checkbox"/> Bricklayers <input type="checkbox"/> Carpenters <input type="checkbox"/> Cement masons <input type="checkbox"/> Electricians <input type="checkbox"/> Glaziers <input type="checkbox"/> Ironworkers <input type="checkbox"/> Laborers/other (Specify classes) _____ _____ <input type="checkbox"/> Lathers <input type="checkbox"/> Marble/tile setters, Terrazzo work <input type="checkbox"/> Painters <input type="checkbox"/> Piledriver persons <input type="checkbox"/> Plasterers <input type="checkbox"/> Roofers <input type="checkbox"/> Sheet metal workers <input type="checkbox"/> Soft floor workers <input type="checkbox"/> Welders (craft rate) <input type="checkbox"/> Truck drivers <input type="checkbox"/> Power equip operators (Specify) _____ _____	
RESPONSE TO REQUEST	Department/agency/bureau		Phone number		
	Request date	Est advertise date	Est bid opening date		
<input type="checkbox"/> Use area determination issued for this area: _____ _____ _____	Prior decision # (if any)	Est \$ of contract(s) <input type="checkbox"/> Under \$500,000 <input type="checkbox"/> \$500,000-1,000,000 <input type="checkbox"/> \$1,000,000-5,000,000 <input type="checkbox"/> Over \$5,000,000	Type of work <input type="checkbox"/> Building <input type="checkbox"/> Residential <input type="checkbox"/> Highway <input type="checkbox"/> Heavy		
<input type="checkbox"/> The attached decision noted below is applicable to this project:	Location of project (city or other description)				
Decision number	County	State ARKANSAS			
Date of decision	Print or type address (including zip code) to which wage determination is to be mailed.				
Expiration date					
Supersedes decision number					
Approved by	Wage survey by agency attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Wage survey by agency in progress? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Description of work (Be specific/print or type)				