









 The L&I Web site will be unavailable from 1 to 5 a.m. on Saturday, February 7. We apologize for any inconvenience.

[Find a Law \(RCW\) or Rule \(WAC\)](#) [Get a form or publication](#)

 Help


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## View Approved Intents & Affidavits

### View Intents and Affidavits filed by awarding agencies for public works contracts

Approved Intents and Affidavits are posted here on our web site in a searchable format for public agencies, contractors and the general public to view and print. It also includes all Intents and Affidavits that have been submitted on paper forms since January 2004.

This system will allow you to look up an Intent or an Affidavit filed by an awarding agency or employer for work being done on a public works project.

 [View Approved Prevailing Wage Intents and Affidavits here.](#)

Helpful hints on using this searchable list

**You can search by** an Intent or Affidavit ID number (if known), or you can search by indicating one of the several search criteria with the "Match by" column.

**If you are not certain of the name of the company**, you can indicate what you know and use the drop down arrow in the Match by column to indicate: Begins with, Contains, or Exact Match.

**The name of the company, if input, needs to match what is on the contractor registration license.** If you indicate a name with a space, an extra letter, or a comma that is not on the license, you may get a "No records found matching request" response.

**The less that is input (keeping it simple), the more results will be found.** For example, input only "Capit" if you are unsure if it is capital or capitol and use "Match By" indicator to say "Begins with." The result will provide any listings for "capital" or "capitol."

**To sort the search results, use the Sort text boxes**, enter the number you wish to sort by from 1-4 in the box on the row of that search criteria. For example, if you want your search results to sort first by County (A-Z), enter a 1 in the Sort text box of the County row.

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# Prevailing Wage

Verification of Approved Intents and Affidavits Submitted through  
the LNI-PWIA Internet System

If you know the form ID, enter it and the form type here

Form ID:  [Form Type]

**OR**

enter your search criteria in one or more values below

To sort, add the number you wish to sort by in the sort box

Search for	Value	Match by	Sort
Form Type	<input type="text" value="Intents And Affidavits"/>		
Company Name	<input type="text"/>	<input type="text" value="Begin"/>	<input type="text"/>
Contractor Registration Number	<input type="text"/>	<input type="text" value="Begin"/>	<input type="text"/>
Unified Business Identifier (UBI)	<input type="text"/>	<input type="text" value="Begin"/>	
Public Agency Name	<input type="text"/>	<input type="text" value="Begin"/>	<input type="text"/>
Prime Contractor Name	<input type="text"/>	<input type="text" value="Begin"/>	<input type="text"/>
County	<input type="text" value="[Not Specified]"/>		<input type="text"/>
Project Name	<input type="text"/>	<input type="text" value="Begin"/>	<input type="text"/>
Contract Number	<input type="text"/>	<input type="text" value="Begin"/>	
Date Received (mm/dd/yy)	<input type="text"/>	On	<input type="text"/>

Search hints for public agency name formats

State agencies:

Cities:

Counties:

Ports:

Transportation, Wash State Dept Of

Bellevue, City Of

Whatcom County

Olympia, Port Of



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STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES

Prevailing Wage  
PO Box 44540 • Olympia, Washington 98504-4540  
360/902-5335 Fax 360/902-5300

## **Prevailing Wage Statement of Intent to Pay Prevailing Wage & Affidavit of Wages Paid Forms**

We issued new forms July 1, 2008 because of the fee increase and listing of subcontractors on the affidavit. We allowed a grace period for the use of old forms to allow the new forms to get dispersed. As of November 1, 2008, Labor & Industries' Prevailing Wage Department will no longer accept any forms with a revision date older than 05-08. You can find this date in the lower left hand corner of the form. We will send out of date forms back for correction. We will include a new form for you to complete and send back along with a copy of the incorrect form to verify payment.



# STATEMENT OF INTENT TO PAY PREVAILING WAGES

Public Works Contract  
**\$40.00 Filing Fee Required**

Intent ID # (Assigned by L&I) \_\_\_\_\_

- This form must be typed or printed in ink.
- Fill in all blanks or form will be returned for correction (see back).
- Please allow a minimum of 10 working days for processing.
- Once approved, your form will be posted online at the website above.

Project Name		Contract Number	
Contract Awarding Agency (public agency - not federal or private)			
Awarding Agency Address			
City		State	ZIP+4
Awarding Agency Project Contact Person			Phone Number
County where work will be performed		City where work will be performed	
Bid due date (mm/dd/yy)		Date contract awarded (mm/dd/yy)	
Prime Contractor (has contract with the public agency)		Prime's Phone Number	
Prime's Contractor Registration Number		Prime's UBI Number	
Number of Owner/Operators that own at least 30% of the company who will perform work on the project: _____		Expected job start date (mm/dd/yy)	
Will employees perform work on this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please list worker's craft/trade/occupation below. (If you choose "No" and this changes later, you certify that you will submit a new form listing workers.)		Do you intend to use apprentice employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Craft/trade/occupation. (Do NOT list apprentices.) When using employees in more than one craft, each craft transition must be accurately recorded on the time sheet.	Estimated number of workers	Rate of hourly pay	Rate of hourly fringe benefits

Indicate total dollar amount of your contract (including Sales Tax) or time and materials, if applicable.	\$ _____
I hereby certify that the information, including any addendums, is correct and that all workers I employ on this Public Works Project will be paid no less than the Prevailing Wage Rate(s) as determined by the Industrial Statistician of the Department of Labor and Industries.	
Title	Signature

For L&I Use Only	
Check Number: _____	<input type="checkbox"/> \$40 or \$ _____
Issued By: _____	

**APPROVED FORM WILL BE MAILED TO THIS ADDRESS** ↓

Contractor, company or agency name, address, city, state & ZIP+4

Company Name	
Address	
City	State ZIP+4
Contractor Registration Number	UBI Number
Industrial Insurance Account Number	
Email Address	Phone Number
For L&I Use Only	
<b>APPROVED:</b> Department of Labor and Industries	
By _____	Industrial Statistician

INSTRUCTIONS TO COMPLETE THE  
STATEMENT OF INTENT TO PAY PREVAILING WAGES

Starting in the upper right hand corner of the form:

**\*Required Fields**

- \*Project Name:** This is the name given to the prime contractor by the awarding agency.
- \*Contract #:** This is the number of the contract assigned by the awarding agency to the prime contractor.
- \*Contract Awarding Agency:** This is the name of the public agency that awarded the contract.
- Address, City, State, ZIP +4:** This is the address of the contract awarding agency.
- Awarding Agency Project Contact Person & Phone #:** This is the contact at the awarding agency for this project.
- \*Approved form will be mailed to this address:** You need to find out where the form should be mailed from the Prime Contractor or the Awarding agency.
- \*County where work will be performed:** This is the county in which the actual work was performed.
- City where work will be performed:** This is the city in which the work was performed. If the work was performed outside the limits of any city, write "N/A" in this space
- \*Bid Due Date:** This is the date that the prime contractor turned in their bid to the awarding agency. (month/day/year)
- \*Date Contract Awarded** – This is the date the contract was awarded to the prime contractor by the awarding agency. (month/day/year)
- \*Prime Contractor, Contractor Registration #, UBI#, and Phone #:** These are all the prime contractor information and need to be listed on the form. **Please note: this may not be the contractor who hired you – this is the general contractor who has the contract with the awarding agency.**
- \*Number of Owner/Operators that Performed Work on the Project that Own 30% or More of the Company:** Only list them if they performed work – if there were none then put zero.
- \*Will Employees Perform Work on this Project:** Need to circle yes or no. If yes then you need to list the trades and occupations otherwise, if no, then you do not have to put anything.
- \*Will all Work be Subcontracted:** If all work was performed by subcontractors, check the appropriate box.
- \*Do you intend to use subcontractors:** If part of the work was performed by subcontractors, check the appropriate box.
- \*Expected Job Start Date:** This is the date that you begin work on the project.
- \*Do you intend to use apprentices:** Please note that apprentices are considered employees.
- \*Craft/trade occupation** – List each craft/trade/occupation of workers employed on this project. If this is residential, landscape, or underground sewer and water construction, please state so on the form. If operating engineers and/or truck drivers were used, describe the type, and list the size or rated capacity of the equipment. If you indicated owners/partners in the question above and you also indicated no employees then just put N/A in this section. (Individuals who own less than 30% of the company are not considered to be owners/operators, and must be paid prevailing wages.)
- \*Estimated Number of Workers:** List the number of agency-level workers employed for each craft/trade/occupation on this project. This cannot be a range (i.e. 1-2 or 2-4, etc.)
- \*Rate of Hourly Pay:** Enter the rate of hourly pay for each craft/trade/occupation. Enter the rate of hourly pay as defined by RCW 39.12.010, that you actually provided to your workers. The amount listed for "Rate of Hourly Pay" plus the amount listed for the "Rate of Hourly Fringe Benefits", if any, must equal or exceed the Prevailing Wage rate.
- \*Rate of Hourly Fringe Benefits:** Enter the rate of hourly fringe benefits. This is the cost of fringe benefits, as defined by RCW 39.12.010, that you actually paid to the workers. The amount listed for "Rate of Hourly Pay" plus the amount listed for "Rate of Hourly Fringe Benefits", if any, must equal or exceed the prevailing rate of wage.
- \*Indicate total dollar amount of your contractor time and materials if applicable:** Time and material is allowed on the Statement of Intent of Pay Prevailing Wages. This amount will not be on the Affidavit to Pay Prevailing Wages.
- \*Company Name:** Indicate your company name, address, phone number, and the signature of an authorized company representative with date signed. (Contractor registration number begins with the first letters of company name).

If there is not enough space to list all required information on one form, use additional Intent forms as needed. Please indicate at the top of each form "Page 1 of 2", "Page 2 of 2", etc. No additional fee is required. No other attachments will be accepted.

**Approval of this Intent will be based on the information provided by the contractor/subcontractor. It does not signify approval of the classifications of labor used by the contractor/subcontractor.**

L&I will mail the approved white copy of this Intent to the organization provided on the front of this form. Make a copy for your records.

Prevailing wage rates are available on the Internet at <http://www.lni.wa.gov/TradesLicensing/PrevWage>

**Please submit both copies (white and canary) and the \$40 filing fee to:**

Management Services  
Dept. of Labor and Industries  
PO Box 44835  
Olympia, WA 98504-4835  
(360) 902-5335



# AFFIDAVIT OF WAGES PAID

## Public Works Contract

### \$40.00 Filing Fee Required

**Affidavit ID # (Assigned by L&I)** \_\_\_\_\_

- This form must be typed or printed in ink.
- Fill in all blanks or form will be returned for correction (see back).
- Please allow a minimum of 10 working days for processing.
- Once approved, your form will be posted online at the website above.

**APPROVED FORM WILL BE MAILED TO THIS ADDRESS**

Contractor, company or agency name, address, city, state & ZIP+4

Project Name		Contract Number	
Contract Awarding Agency (public agency - not federal or private)			
Awarding Agency Address			
City		State	ZIP+4
Awarding Agency Project Contact Person		Phone Number	
County where work was performed		City where work was performed	
Bid due date (mm/dd/yy)		Date contract awarded (mm/dd/yy)	
Date work completed (mm/dd/yy)		Date Intent filed (mm/dd/yy)	
Prime Contractor (has contract with the public agency) Prime's Phone Number		Intent ID #	
Prime's Contractor Registration Number		Prime's UBI Number	
Number of Owner/Operators that own at least 30% of the company who will perform work on the project: _____			
Did Employees Perform Work on this Project? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please list worker's craft/trade/occupation below.			
Was <b>all</b> work subcontracted? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you use subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Response "Yes" to either of the above questions will require that you submit Addendum B, List of Next Tier Subcontractors.			
Job start date (mm/dd/yy)			
Number of workers	Total # of hours worked - ea. trade	Rate of hourly pay	Rate of hourly fringe benefits

SAMPLE

Company Name	
Address	
City	State ZIP+4
Contractor Registration Number	UBI Number
Industrial Insurance Account Number	
Email address	Phone Number
<b>For L&amp;I Use Only</b>	
<b>APPROVED:</b> Department of Labor and Industries	
By _____	Industrial Statistician

Indicate total dollar amount of your contract (including Sales Tax.)	\$ _____
I hereby certify that the information, including any addendums, is correct and that all workers I employed on this Public Works Project were paid no less than the Prevailing Wage Rate(s) as determined by the Industrial Statistician of the Department of Labor and Industries.	
Title	Signature

<b>For L&amp;I Use Only</b>	
Check Number: _____	<input type="checkbox"/> \$40 or \$ _____
Issued By: _____	

INSTRUCTIONS TO COMPLETE THE  
AFFIDAVIT OF WAGES PAID

Starting in the upper right hand corner of the form:

**\*Required Fields**

- \*Project Name:** This is the name given to the prime contractor by the awarding agency.
- \*Contract #:** This is the number of the contract assigned by the awarding agency to the prime contractor.
- \*Contract Awarding Agency:** This is the name of the public agency that awarded the contract.
- Address, City, State, ZIP +4:** This is the address of the contract awarding agency.
- Awarding Agency Project Contact Person & Phone #:** This is the contact at the awarding agency for this project.
- \*Approved form will be mailed to this address:** You need to find out where the form should be mailed from the Prime Contractor or the Awarding agency.
- \*County where work was performed:** This is the county in which the actual work was performed.
- City where work was performed:** This is the city in which the work was performed. If the work was performed outside the limits of any city, write "N/A" in this space
- \*Bid Due Date:** This is the date that the prime contractor turned in their bid to the awarding agency. (month/day/year)
- \*Date Contract Awarded –** This is the date the contract was awarded to the prime contractor by the awarding agency. (month/day/year)
- \*Prime Contractor, Contractor Registration #, UBI#, and Phone #:** These are all the prime's information and need to be listed on the form.
- Please note: this may not be the contractor who hired you – this is the general contractor who has the contract with the awarding agency.**
- \*Date Work Completed:** This is the date you completed work on the project. You cannot have a date in the future.
- \*Date Intent Filed:** This is the date you filed your intent with the Department. An affidavit cannot be approved without the Statement of Intent to Pay Prevailing Wages being filed.
- \*Intent ID #:** This can be found at the top of the form and is five numbers long.
- \*Number of Owner/Operators that Performed Work on the Project that Own 30% or More of the Company:** Only list them if they performed work – if there were none then put zero.
- \*Did Employees Perform Work on this Project:** Need to circle yes or no. If yes then you need to list the trades and occupations otherwise, if no, then you do not have to put anything.
- \*Was all Work Subcontracted?:** If all work was performed by subcontractors, check the appropriate box.
- \*Did you use subcontractors?:** If part of the work was performed by subcontractors, check the appropriate box.
- \*Job Start Date:** This is the date that you begin work on the project.
- \*Craft/trade occupation –** List each craft/trade/occupation of workers employed on this project. If this is residential, landscape, or underground sewer and water construction, please state so on the form. If operating engineers and/or truck drivers were used, describe the type, and list the size or rated capacity of the equipment. If you indicated owners/partners in the question above and you also indicated no employees then you do not need to fill in this section. (Individuals who own less than 30% of the company are not considered to be owners/operators, and must be paid prevailing wage.) Use Attachment A for additional occupations that will not fit on this form.
- \*Number of Workers:** List the number of journey-level workers employed for each craft/trade/occupation on this project.
- \*Total Number of Hours Worked:** List the total number of hours worked for each craft/trade/occupation.
- \*Rate of Hourly Pay:** Enter the rate of hourly pay for each craft/trade/occupation. Enter the rate of hourly pay as defined by RCW 39.12.010, that you actually provided to the workers. The amount listed for "Rate of Hourly Pay" plus the amount listed for the "Rate of Hourly Fringe Benefits", if any, must equal or exceed the Prevailing Wage rate.
- \*Rate of Hourly Fringe Benefits:** Enter the rate of hourly fringe benefits. This is the cost of fringe benefits, as defined by RCW 39.12.010, that you actually paid to the workers. The amount listed for "Rate of Hourly Pay" plus the amount listed for "Rate of Hourly Fringe Benefits", if any, must equal or exceed the prevailing rate of wage.
- Apprentices:** If apprentices were employed on this project, list each by name, registration number, craft, stage of progression, beginning and ending dates of work performed on this project, and rate of hourly pay and fringe benefits. Any workers not registered with the Washington State Apprenticeship and Training Council must be paid prevailing journeyman wages. Any apprentice not registered with the Washington State Apprenticeship and Training Council who is on days of hiring must be paid prevailing journeyman wages for the time preceding the date of registration. To verify apprentice registration and status, call (360) 902-5324.
- \*Indicate total dollar amount of your contract (including sales tax (No Time & Material allowed))**
- \*Company Name:** Indicate your company's name, address, phone number, and the signature of an authorized company representative with date signed. (Contractor registration number begins with the first letters of company name).

If there is not enough space to list all required information on one form, use additional Intent forms as needed. Please indicate at the top of each form "Page 1 of 2", "Page 2 of 2", etc. No additional fee is required. No other attachments will be accepted.

**Approval of this Affidavit will be based on the information provided by the contractor/subcontractor. It does not signify approval of the classifications of labor used by the contractor/subcontractor.**

L&I will mail the approved white copy of this Affidavit to the organization provided on the front of this form. Make a copy for your records.

Prevailing wage rates are available on the Internet at <http://www.lni.wa.gov/TradesLicensing/PrevWage>

**Please submit both copies (white and canary) and the \$40 filing fee to:**

Management Services  
Dept. of Labor and Industries  
PO Box 44835  
Olympia, WA 98504-4835  
(360) 902-5335



**Affidavit of Wages Paid**  
**Addendum B**  
**List of Next Tier Subcontractors**  
 Public Works Contract  
 No Additional Filing Fee Required

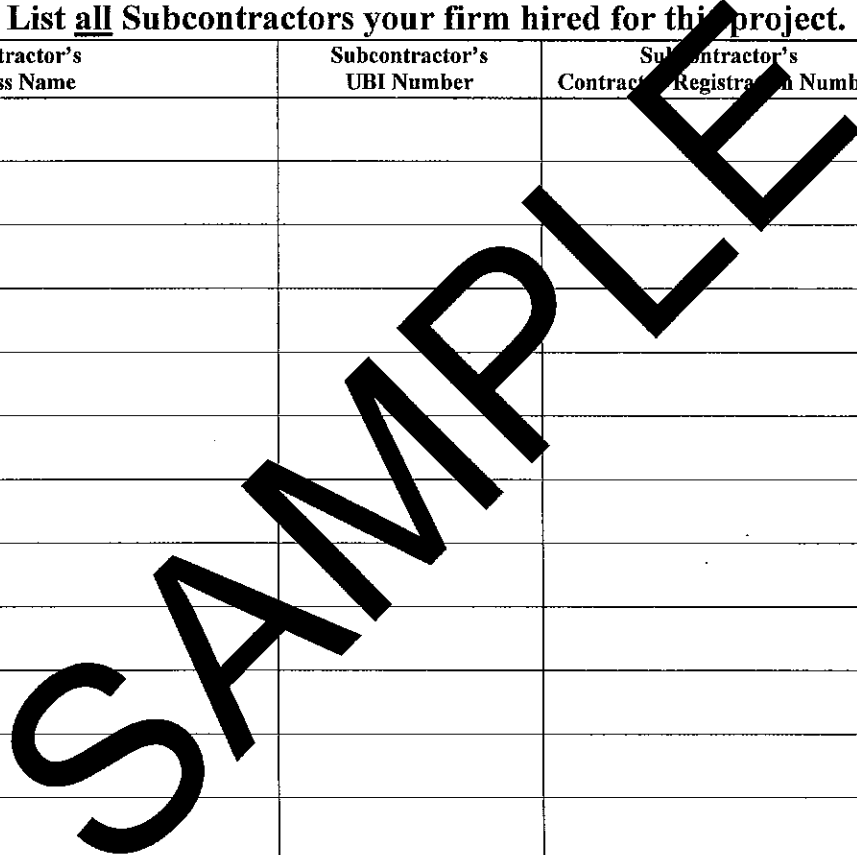
- This form must be typed or printed in ink.

**(Please staple this addendum to the corresponding Affidavit of Wages Paid form.)**

Project Name		Contract Number	
Company Name		Title	Signature
UBI Number	Contractor Registration Number	Contract Awarding Agency (Public agency – not federal or private)	

**List all Subcontractors your firm hired for this project.**

Subcontractor's Business Name	Subcontractor's UBI Number	Subcontractor's Contract Registration Number	Subcontractor's Phone Number



<b>For L&amp;I Use Only</b>
<b>APPROVED:</b> Department of Labor and Industries
By _____ Industrial Stastician

**NOTE: Each and every contractor and subcontractor must file an Addendum B form with their Affidavit if any subcontractors were hired by their firm to perform work on a public works project.**