



Classification Clarification Request

(To be completed prior to the commencement of work on the project)

PRINT IN INK or TYPE your responses.

REQUESTOR

NAME			TITLE
ADDRESS			E-MAIL ADDRESS
CITY	STATE	ZIP CODE	TELEPHONE
COMPANY			OTHER TELEPHONE

PROJECT INFORMATION

PROJECT NAME	PROJECT NUMBER	PRIME CONTRACTOR
ADDRESS	COUNTY	ADDRESS
CITY	STATE	ZIP CODE
TELEPHONE		EST. WORK START DATE:
TYPE OF CONSTRUCTION: <input type="checkbox"/> Road <input type="checkbox"/> Bridge <input type="checkbox"/> Building <input type="checkbox"/> Trail <input type="checkbox"/> Airport <input type="checkbox"/> Other _____		

List work tasks and tools used

Tasks	Tools Used	% of Time

Be specific. Forms with insufficient information may be returned to the requestor.

CONTRACTORS SUGGESTED CLASSIFICATION	CONTRACT AGENCIES SUGGESTED CLASSIFICATION
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To Contracting Agencies requesting clarification: Submit any and all correspondence from the contractor and laborers in question regarding classification of labor.

To the best of my knowledge, the information that I have provided is true and accurate.

REQUESTOR'S SIGNATURE	DATE
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Return to:

**Minnesota Department of Labor and Industry
 Labor Standards
 443 Lafayette Road N
 St. Paul, MN 55155**

A response with a recommendation from our office shall follow within one to two weeks.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.