



State of Rhode Island
DEPARTMENT OF LABOR AND TRAINING
Division of Workforce Regulation and Safety
Professional Regulation Unit-Prevailing Wage Section
1511 Pontiac Avenue- Building #70, Cranston, RI 02920
(401) 462-8580, option #7

Awarding Authority Referral Form for Noncompliant Contractors

Non-submittal of: Certified Weekly Payroll Forms List of subcontractors

CONTRACTOR INFORMATION (please print):

Name of Contractor: _____

Name of Contact Person: _____ **Title:** _____

Address: _____ **Tel. #:** () _____

City/Town: _____ **State:** _____ **Zip Code:** _____

PROJECT INFORMATION (please print):

Project in Question: _____

Address: _____ **City/Town:** _____

Type of Project: _____

General Contractor's Name: _____

AGENCY INFORMATION (please print):

Agency's Name: _____

Name of Contact Person: _____ **Title:** _____

Address: _____

City/Town: _____ **State:** _____ **Zip:** _____ **Tel. #:** () _____

Performance of work dates: _____ to _____ (if applicable)

Date of last RI Certified Weekly Form submitted: _____ (if applicable)

Additional Comments: _____

Agency Representative's Signature: _____

Print Name & Title: _____ **Date:** _____