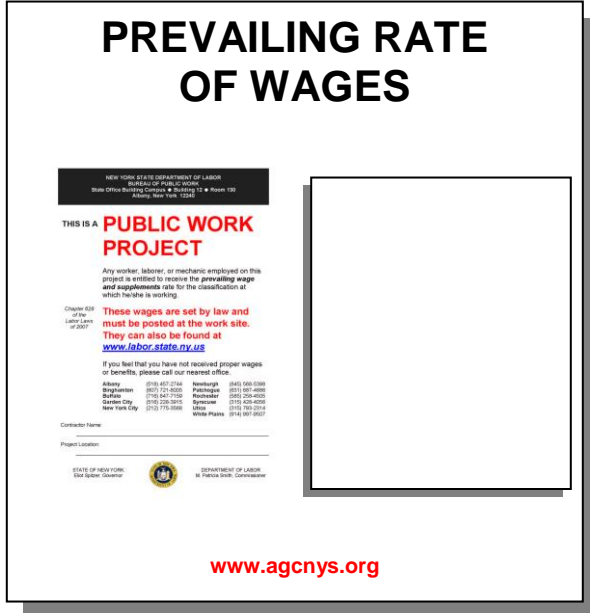




# Prevailing Rate of Wage Poster

By Chapter 458 of the Laws of 1999, amending Section 220 (3-a) of New York's Labor Law, effective March 6, 2000, **all public works projects must have a sign posted on the site in a conspicuous location that reads "PREVAILING RATE OF WAGES" in two-inch block letters able to withstand adverse weather conditions.**



The law also requires the wage rate to be posted "in a prominent and accessible place." The Department of Labor apparently will now require the wage schedule to be posted in the same location as the sign. The law mandates that every contractor and subcontractor meet these requirements for the benefit of their employees.

The AGC NYS Prevailing Rate of Wage poster measures 2' x 2' and meets the DOL lettering and weatherproof requirements. In addition, a weatherproof pouch is attached in which the prevailing rates may be placed for easy access by any interested party.

**Effective February 24, 2008 – NYS Department of Labor requires that all Public Work Projects have the specific DOL notice posted on all prevailing wage jobsites. AGC NYS has incorporated this poster into its Prevailing Wage posters.**

**AGC NYS Prevailing Rate of Wage posters meet the NYS DOL requirements for rate schedule posting. Printed on specially laminated paper, these posters are ready for indoor or outdoor use!**

## ORDERING INFORMATION

Please complete and return this form by mail or fax to:

AGC NYS, LLC  
 10 Airline Drive, Suite 203  
 Albany, NY 12205  
 Phone 518-456-1134  
 Fax 518-456-1198

	Quantity	AGC Member Unit Price	AGC Non-Member Unit Price	Total
For orders from 1 to 19	_____	\$14	\$25	_____
For orders of 20 or more	_____	\$12	\$21	_____
		Add: Shipping \$5 for the 1 <sup>st</sup> poster, additional posters \$1 each		_____
			Sub-total	_____
		Specify County: _____		
		Add Applicable Sales Tax		_____
			<b>Total Due</b>	_____

Please include method of payment with your order:

\_\_\_\_\_ Check payable to AGC NYS, LLC      \_\_\_\_\_ Visa/MC/AmEx # \_\_\_\_\_      Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Billing Street# \_\_\_\_\_ Zip \_\_\_\_\_ CVV Code \_\_\_\_\_ Signature \_\_\_\_\_

Ship To:  
 Company Name \_\_\_\_\_ Contact/Dept. \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_