



Classification Clarification Request

REQUESTOR

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

PROJECT INFORMATION

PROJECT LOCATION (ROAD NUMBER, NAME, COUNTY, CITY, ETC.)		PRIME (GENERAL) CONTRACTOR
STATE PROJECT NUMBER	CONTRACT NUMBER	IS THE PROJECT COMPLETE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNKNOWN
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 _____		

Tasks/Duties Performed (Provide Detail or Pictures)	Tools/Equipment Used	Suggested Classification

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

REQUESTOR'S SIGNATURE	DATE
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Email to:
LCUsupport.dot@state.mn.us

Mail to:
 Minnesota Department of Transportation
 Labor Compliance Unit Mail Stop 650
 395 John Ireland Blvd.
 St. Paul, MN 55155