



## REQUEST TO AMEND DCAMM CONTRACTOR'S CERTIFICATE OF ELIGIBILITY

Date: \_\_\_\_\_

Division of Capital Asset Management and Maintenance  
One Ashburton Place - 15th Floor  
Boston, MA 02108  
Attn: Contractor Certification Office

**Contractor Name:** \_\_\_\_\_

**Contractor ID Number:** \_\_\_\_\_

**Contractor's Address:** \_\_\_\_\_

**TYPE OF AMENDMENT:**

- Add the Following Category(s) of Work: \_\_\_\_\_  
*[Please attach ALL of the Evaluations in support of each Category to be added]*
  
- Increase Single Project Limit: \_\_\_\_\_  
*[Please attach ALL of the Evaluations in support of an Increase in the Single Project Limit; if applicable, also attach revised, current Bonding Letter]*
  
- Increase Aggregate Work Limit: \_\_\_\_\_  
*[Please attach revised, current Bonding Letter or CPA Letter in support of an Increase in Aggregate Work Limit]*
  
- Supplier Diversity Office Status: \_\_\_\_\_  
*[Please attach current Supplier Diversity Office Certification]*
  
- Change Contractor's Legal Name to: \_\_\_\_\_  
*[Please attach Secretary of State Corporations Division Legal Name Change Amendment plus a current DUA Certificate of Good Standing indicating new name]*
  
- Change Mailing Address to: \_\_\_\_\_

The undersigned certifies, under pains and penalties of perjury, that there have been no (i) adverse changes in bonding limits and/or financial condition or (ii) legal or administrative penalties, violations or judgments against the Contractor since the date of the most recent Application for Certification.

Granting Amendments is discretionary. Contractor must satisfy all requirements in order for an Amendment to be approved and granted.

\_\_\_\_\_  
\*Authorized signatory  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

\*An authorized signatory is an individual who is authorized to sign and bind the company.