



The Commonwealth of Massachusetts
Executive Office for Administration and Finance
Division of Capital Asset Management and Maintenance
One Ashburton Place
Boston, Massachusetts 02108

Tel: (617) 727-4050
Fax: (617) 727-8284

CHARLES D. BAKER
 GOVERNOR

KARYN E. POLITO
 LIEUTENANT GOVERNOR

KRISTEN LEPORE
 SECRETARY
 ADMINISTRATION & FINANCE
 CAROL W. GLADSTONE
 COMMISSIONER

This will confirm that the undersigned has received the following file(s) from the Division of Capital Asset Management & Maintenance Contractor Certification Office:

_____ Contractor Name

The undersigned acknowledges that the Update Statement, Contractor Certification Application, and related application materials, including financial statements, are not public records. The undersigned agrees not to disclose any information obtained from the contractor certification file, except to the awarding authority on whose behalf the examination is being conducted solely for the purpose of determining the contractor's qualifications.

_____ Signature

_____ Date

_____ Name

_____ Affiliation

_____ Awarding Authority

_____ Project Bid Number

_____ Project Name