Application for DCAMM Sub-Bidder

Joint Venture Certificate of Eligibility

Date: _____

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

Re: Application for Joint Venture Certificate of Eligibility (all fields are required)

Joint Venture Name/Contact Information:

Joint Venture Name: _____

Managing Partner: _____

Contact Person: _____ **Telephone Number:** _____

J.V. Address: _____

Project Information:

Project Name: _____

Project Location: _____

Public Awarding Authority: _____

Estimated Contract Amount: _____ **Bid Date:** _____

Category(ies) of Work: _____

Contractor #1 Information:

Name: _____

Address: _____

Contractor ID Number: _____ **Certificate Expiration Date:** _____

Current Categories of Work: _____

Percentage Interest in J.V. _____ **Noted in J.V. Agreement at Section/Paragraph:** _____

Contractor #2 Information:

Name: _____

Address: _____

Contractor ID Number: _____ **Certificate Expiration Date:** _____

Current Categories of Work: _____

Percentage Interest in J.V. _____ **Noted in J.V. Agreement at Section/Paragraph:** _____

Joint and Several Liability:

Joint and Several Liability Language Noted in J.V. Agreement at Section/Paragraph: _____

Required Documentation:

The following documents must be attached in order for the Application to be deemed complete:

1. Current Certificates of Eligibility for each participant
2. Updates Statements for each participant
3. Joint Venture Agreement

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 its most recent Application for Certification.

Contractor #1 Name:

_____

by: _____
Authorized Signatory Signature*

Print Name: _____

Title: _____

Contractor #2 Name:

_____

by: _____
Authorized Signatory Signature*

Print Name: _____

Title: _____

* An Authorized Signatory is an individual who has the authority to sign documents and bind the company.

Commonwealth/State of _____

County of _____

On this _____ day of _____, before me, the undersigned notary public, personally appeared _____ (name of document signer), in behalf of _____ (company), proved to me through satisfactory evidence of identification, which was _____, to be the person who signed the preceding document in my presence, and who swore or affirmed to me that the contents of the documents are truthful and accurate to the best of (his) (her) knowledge and belief.

(seal)

_____
Notary Public Signature

My commission expires: _____

Commonwealth/State of _____

County of _____

On this _____ day of _____, before me, the undersigned notary public, personally appeared _____ (name of document signer), in behalf of _____ (company), proved to me through satisfactory evidence of identification, which was _____, to be the person who signed the preceding document in my presence, and who swore or affirmed to me that the contents of the documents are truthful and accurate to the best of (his) (her) knowledge and belief.

_____
Notary Public Signature

My commission expires: _____