



**COMMONWEALTH OF MASSACHUSETTS**  
EXECUTIVE OFFICE FOR ADMINISTRATION & FINANCE  
DIVISION OF CAPITAL ASSET MANAGEMENT & MAINTENANCE  
ONE ASHBURTON PLACE, 15<sup>TH</sup> FLOOR  
BOSTON, MA 02108  
(617) 727-4050

**MAURA T. HEALEY**  
GOVERNOR

**KIMBERLEY DRISCOLL**  
LIEUTENANT GOVERNOR

**MATTHEW J. GORZKOWICZ**  
SECRETARY

**ADAM BAACKKE**  
COMMISSIONER

**FILE REVIEW REQUEST FORM AND AUTHORIZATION**

The undersigned hereby requests the following file(s) from the Division of Capital Asset Management & Maintenance Contractor Certification Office:

\_\_\_\_\_  
Contractor Name(s)

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.

\_\_\_\_\_  
Reviewer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email Address

- ☐ Full Digital File Review  
☐ Contractor Evaluations Only

\_\_\_\_\_  
Affiliation

\_\_\_\_\_  
Awarding Authority

Do you have a MOVEit Account?

- ☐ Yes  
☐ No

\_\_\_\_\_  
Project Bid Number

\_\_\_\_\_  
Project Name

MOVEit is the way you will be able to securely access the your file transfer. For more information see our website:  
<https://www.mass.gov/how-to/how-to-schedule-a-file-review>

### AWARDING AUTHORITY AUTHORIZATION

I, \_\_\_\_\_, of \_\_\_\_\_,  
(Name) (Awarding Authority)

hereby authorize \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Company Name)

to review the DCAMM files for the contractors listed on the preceding page in its behalf.

Awarding Authority Signature \_\_\_\_\_

Awarding Authority Email \_\_\_\_\_

Date \_\_\_\_\_