



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE FOR ADMINISTRATION & FINANCE
DIVISION OF CAPITAL ASSET MANAGEMENT & MAINTENANCE
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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 _____