Massachusetts Highway Department
REQUEST FOR EBO SYSTEM LOG-IN/PASSWORD

Firm's Legal Name: _____

Firm's d/b/a Name, if different: _____

Primary Work Category: _____

Federal ID Number: _____ DUNS Number: _____

Name and Title of Firm's Primary Log-In ID Holder: _____

E Mail Address: _____Telephone Number:_____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

On behalf of the above-listed firm, I hereby agree to comply with the terms and conditions of access to and use of the Internet Government Solutions, LLC (IGS) Equitable Business Opportunities (EBO) system set forth in the System User Agreement.

Signature of Applicant:

_____

(Printed Name) (Date)

_____

(Signature) (Title)

Certification:

The undersigned, on behalf of the Contractor, authorizes _____to be the EBO Primary Log-In Holder for the company. The undersigned hereby certifies that he or she has read and will comply with the terms and conditions of the EBO System User Agreement under the pains and penalties of perjury. The undersigned further certifies, under the pains and penalties of perjury, that he or she is authorized to sign this application on behalf of the Contractor.

Authorized Official: _____

Signature:_____Date:_____