



DIVISION OF
CAPITAL ASSET
MANAGEMENT &
MAINTENANCE

The Office of Access & Opportunity

Contractor Certification Office

AUTHORIZED SIGNATORY LISTING JOINT VENTURE

Joint Venture Name:

Contractor #1 Name:

Contractor #2 Name:

Project Name:

Project Number:

INSTRUCTIONS: Any companies applying for a Joint Venture Certificate of Eligibility with the Commonwealth of Massachusetts Division of Capital Asset Management and Maintenance (“DCAMM”) must provide a listing of individuals who are authorized as legal representatives of the Joint Venture who can sign contracts, applications and other legally binding documents on the Joint Venture’s behalf. Each individual venturer agrees to be bound by the signature of any Joint Venture authorized signer, regardless of that individual’s company of employment.

AUTHORIZED SIGNATORY NAME	TITLE	COMPANY

You may add an attachment to include additional names. Check the box ☐ to indicate an attachment.

CONTRACTOR #1 CERTIFICATION:

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for _____ and as an authorized officer of the company

I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts, applications and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Joint Venture.

I understand and agree that the Joint Venture has a duty to ensure that this listing is updated and communicated to DCAMM for each application filed. Each individual venturer agrees to be bound by the authorized signature of the other venturer. One authorized signature is sufficient to bind the Joint Venture.

Signature

Date:

Title:

Telephone:

Fax:

Email:

CONTRACTOR #2 CERTIFICATION:

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for _____ and as an authorized officer of the company

I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts, applications and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Joint Venture.

I understand and agree that the Joint Venture has a duty to ensure that this listing is updated and communicated to DCAMM for each application filed. Each individual venturer agrees to be bound by the authorized signature of the other venturer. One authorized signature is sufficient to bind the Joint Venture.

Signature

Date:

Title:

Telephone:

Fax:

Email: