



Joint Venture Request Form (Project Specific)

Name of Joint Venture: _____ Date: _____

Name of JV Partner: _____ Name of JV Partner: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Lead Contact: _____ Phone: _____ Email: _____

Please submit the following:

A letter from each proposed Joint Venture Partner designating lead entity and percentage of participation and if needed, requesting a waiver on behalf of the Joint Venture

A completed Joint Venture Agreement

A certified Power of Attorney from each Joint Venture Partner

An original Surety Letter from each Joint Venture Partner

Class of Work	Select From Drop Down Menu →		
Project Number	City / Town	Bid Opening Date	Project Value

Scope of Work

Please Email Form to: prequal.r109@dot.state.ma.us
Phone: (857) 368 – 8660

FOR INTERNAL USE ONLY:

Approved _____ Denied _____

Comments _____

Per Regulations:

- (1) Are the Contractors prequalified with MassDOT? Yes No
- (2) Is at least one Contractor prequalified in the Class of Work? Yes No
- (3) Class of Work Single Contract Limit: Combined = \$ _____ = JV1 \$ _____ + JV2 \$ _____
- (4) Single Bond Limits: Combined Single = \$ _____ = JV1 \$ _____ + JV2 \$ _____
- (5) Aggregate Bond Limits: Combined Aggregate = \$ _____ = JV1 \$ _____ + JV2 \$ _____