



## Waiver Request

**The deadline to submit a Waiver Request is 1:00 PM Fridays, 1:00 PM Thursday if the Friday is a legal holiday.**

Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_

Original Signature and Date

Print Name and Title

**Please check all that apply:**

MASSDOT Prequalified    Yes ☐    No ☐    Design/Build    Yes ☐    No ☐

DCR Project    Yes ☐    No ☐    City/Town/OAA    Yes ☐    No ☐

Class of Work			
Project Number	City / Town	Bid Opening Date	Project Value

Email this form to:  
[prequal.r109@dot.state.ma.us](mailto:prequal.r109@dot.state.ma.us)  
MASSDOT - Highway Division  
Prequalification Office

**FOR OFFICIAL USE ONLY**

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Comments \_\_\_\_\_