



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 ☐

***DCAMM General and Sub Contractors must submit an electronic copy of their DCAMM Certificate of Eligibility**

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

Email this form to:
prequal.r109@dot.state.ma.us
MASSDOT - Highway Division
Prequalification Office

FOR OFFICIAL USE ONLY

Approved _____

Denied _____

Comments _____