MONTANA STATE UNIVERSITY

UNIVERSITY FACILITIES MANAGEMENT
516 W. Grant Street • PO Box 172760 • Bozeman, Montana 59717-2760
Phone: (406) 994-5413 • Fax: (406) 994-5665

ACKNOWLEDGEMENT OF SUBCONTRACTORS

Project Title: _____ PPA NO. _____
Location: _____ Date: _____
Contractor: _____
Address: _____

TO: MONTANA STATE UNIVERSITY
PLANNING, DESIGN & CONSTRUCTION
516 W. GRANT STREET, PO BOX 172760
BOZEMAN, MONTANA 59717-2760

Listed below are the principal subcontractors proposed on this project. *All subcontracts exceeding $5,000 are to be listed.*
The Contractor certifies that these subcontractors:

1. Have been advised of the labor standards and provisions applicable to this project.
2. That all provisions incorporated in the Contract between the Owner and the undersigned contractor will be incorporated in the contracts between the Contractor and any Subcontractors.
3. Are competent to accomplish the work subcontracted to them.

NAME AND ADDRESS OF SUBCONTRACTORS	REGISTRATION NO.	TYPE OF WORK

Submitted by: _____ _____ _____
(Company/Contractor) (Signature) (Date)

Reviewed by: _____ _____ _____
(Architect/Engineer) (Signature) (Date)

Acknowledged by: Montana State University
Planning, Design & Construction _____ _____
(Signature) (Date)