



DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
State Facilities Administration
Design and Construction Division

SUPERINTENDENT DESIGNATION

The Construction Contractor shall provide this form to the DCD Project Director and the Professional with the Schedule of Values, List of Subcontractors, and Project Schedule at the Pre-Construction Conference, or by the date specified at the Pre-Construction Conference, to name the superintendent for the Work.

Form with fields: FILE NUMBER, DEPARTMENT/AGENCY, DATE, LOCATION, PROJECT NAME, PROFESSIONAL (Firm and Individual), CONSTRUCTION CONTRACTOR and CONTRACT 'Y' NUMBER

The Contractor names

Name of Firm

as the competent, full-time superintendent for the project identified above.

This individual is the Contractor's representative at the site and has the binding authority, including but not limited to all cost and schedule agreements, non-compliance issue resolutions and commitments on behalf of the Contractor.

The Superintendent shall not be assigned or replaced without the Owner's (DTMB DCD Project Director's) consent.

All communications given to the Superintendent shall be as binding as if given to the Contractor.

Superintendent's Telephone and Email:

Authorized: Contractor Date: Accepted: DCD Project Director Date: