



The Commonwealth of Massachusetts

Executive Office for Administration and Finance

Division of Capital Asset Management

One Ashburton Place

Boston, Massachusetts 02108

Tel: (617) 727-1050

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DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JAY GONZALEZ
SECRETARY, ADMINISTRATION
& FINANCE

CAROLE CORNELISON
COMMISSIONER

Certificate of Eligibility

Contractor: SIGNET ELECTRONIC SYSTEMS INC.

#11- 0380

106 LONGWATER DRIVE

NORWELL

MA 02061

This Certificate Shall Be Used For Submitting Prime/General Bids Only

In accordance with M.G.L. Chapter 149, Section 44D and 810 CMR 4.00, you are hereby certified to file bids under Chapters 149 and 149A in the following categories:

Electrical

Alarm Systems

Telecommunication Systems

Average Project Rating: 90

Number of Projects Evaluated: 20

Number of Projects Below Passing: 0

Your Single Project Limit is: \$2,129,000

Your Aggregate Work Limit is: \$12,000,000

This certificate is valid from 7/25/2011 to 7/25/2012

George M. Matthews 7/25/11
George M. Matthews, Deputy General Counsel Date
for Carole Cornelison, Commissioner

Official DCAM Amendments Date Authorization

Extension to: _____

Name: _____

SPL: _____

GBC SPL: _____

AWL: _____

Category: _____

Address: _____



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Sub-Bidder Certificate of Eligibility

#11- 0380

Contractor: SIGNET ELECTRONIC SYSTEMS INC.

106 LONGWATER DRIVE

NORWELL

MA 02061

This Certificate Shall Be Used For Submitting Filed Sub-Bids Only

In accordance with M.G.L. Chapter 149, Section 44D and 810 CMR 4.00, you are hereby certified to file sub-bids under Chapters 149 and 149A in the following categories:

Electrical Work

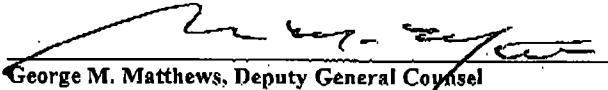


The average numerical value on projects evaluated by DCAM: 87

Number of prior construction projects evaluated by DCAM on this sub-bidder: 3

Number of projects given numerical values below a passing score: 0

This certificate is valid from 7/25/2011 to 7/25/2012

 7/25/11
George M. Matthews, Deputy General Counsel Date
for Carole Cornelison, Commissioner

Official DCAM Amendments	Date	Authorization
___ Extension to:	_____	_____
___ Name:	_____	_____
___ Category:	_____	_____
___ Address:	_____	_____