## **Request for Letter of Certification (MC-8)**

District:	Contract ID:	Date:	Select Date
Fed/State Project Number:		FEMA?	

Price Reductions by Line Item (Include Estimate and Amount):

DMIR Reductions by Line Item (Include Estimate and Amount):

Additional Notes:

Corrections Contact Name: \_\_\_\_\_

Corrections Contact Email: \_\_\_\_\_

Sampling Checklist Included yes

Pending Change Order no

Submit Form Clear Form

You must use Adobe Acrobat/Bluebeam etc., not the web browser.

This form mails to: DOH.MC8@wv.gov