

New Jersey Department of Transportation CERTIFICATION OF COMPLETION

Complete Contract Name / Description:		
Federal Project Number	DP File Number	Date
Type of Work:		
Contractor:	Address:	
Actual Substantial Completion Date	Final Inspection Date	Actual Completion Date
In compliance with Subsection 108.19 of the 2007 Specifications, I certify that to the best of my knowledge, information and belief, and on the basis of observations and inspections, that the Work has been completed with the terms and conditions of the Contract with the exception of the deficiencies noted on the attached. The subject project is recommended for Acceptance.		
RECOMMENDED:		
_____	_____	_____
RE	Name	Date
_____	_____	_____
Project Manager	Name	Date
CONCURRENCE:		
_____	_____	_____
Acting Director Division of Project Management	Name	Date
APPROVAL:		
_____	_____	_____
Assistant Commissioner, Capital Program Management	Name	Date
RECORDED BY:		
_____	_____	_____
Secretary, New Jersey Department of Transportation	Name	Date