

CONTRACTOR'S FINAL INSPECTION

_____ Project Name

_____ Department's Project Number

_____ Contractor

_____ Name of Contractor's Superintendent

This must be completed by the Contractor's project superintendent, which must be signed and sworn to as accurate before a Notary Public. The Contract work will not be considered completed until this form is complete and has been turned in. The Contractor must certify all without qualification or exception - failure to completely certify to all by initials will result in immediate rejection of the Final Inspection Form, and all requirements of the contract remain in effect.

DO NOT SUBMIT THIS FORM UNTIL ALL ITEMS ARE CERTIFIED AS TRUE!

The Contractor hereby certifies that (Superintendent will **initial** each and sign below only after ensuring each is true):

_____ The Department and the Contractor have visually inspected the work, and the Contractor verifies that the work was completed in full accordance with the specifications and the requirements of the contract.

_____ The Project Close-out Checklist for the SWPPP has been completed, all necessary corrective actions taken, and the SWPPP transferred to the appropriate entity.

_____ No liquidated damages have been assessed on this contract; **OR**

_____ Liquidated damages have been assessed on this contract of _____ days @ \$ _____/day = \$ _____

If damages have been assessed against the contractor, then **either**:

_____ Contractor does not dispute the damages assessed, **OR**

_____ Contractor disputes the damages assessed. The Contractor will receive further information from the Department.

_____ The following items must be completed before the contract will be considered for final acceptance.

- The Contractor has fully completed and submitted FHWA Form PR-47, if required.
- The Contractor has fully completed and submitted all supporting documentation required for the "Final Materials Certificate."
- The Contractor has fully completed and submitted all supporting documentation required for the "Final Labor Certificate".
- The Contractor has reviewed and agreed to the final estimate.

State of Montana
County of _____

Signature of Contractor's Project Superintendent

Signed and sworn to (or affirmed) before me on _____ by _____
Date Name

NOTARY SEAL

Notary Public for the State of Montana

Notary Printed Name

Residing at _____

My Commission Expires _____

MDT Receipt
Date Stamp here

Final Inspection completed as of this _____ day of _____, 200_____

Contractor

MDT Project Manager

District Construction Engineer

When accepted, the District will send this form to the Construction Administration Services Bureau, with copies to the Civil Rights Bureau and the Materials Bureau.