MDT-ROW-968 02/17

Montana Department of Transportation
Certification and Inspection

Print Form

To Be Completed by the Montana Department of Transportation

Agreement No: _____

Work Order No: _____

Utility: _____

Control No: _____

Project No: _____

Designation: _____

Route: from Mile Post: to Mile Post:

Please return to:

Name: _____

Address: _____

City: _____ State _____

Zip Code: _____

Email: _____

Project Description:

To Be Completed by the Utility

_____ is informing your office that the work covered as noted above was completed as per plans and conditions of said agreement and is ready for inspection by the State.

Work Complete Date _____ Submitted by: _____

Phone: _____

Signed: _____ Title: _____

** Please note by signing this document the utility understands and agrees, it does not waive the responsibility for maintenance in accordance with this agreement.*

To Be Completed by the Montana Department of Transportation

Inspection Date _____

A representative of the Montana Department of Transportation has inspected the work area pursuant to this agreement and acknowledge the work to be:

☐ Satisfactory ☐ Unsatisfactory

Comments

☐ Approved

Signed: _____

New Work Complete Date _____ Title: _____

Section No _____