



Montana Department of Transportation Contractor's Certificate of Work Complete

Contract ID	Final Walk-through Process Complete (Conditional Final Acceptance)
Project Description	Fed/St Project Number
Prime Contractor	Name of Contractor's Representative

This form must be completed by the Contractor's representative, which must be signed and sworn to as accurate before a Notary Public. The contract will not be considered finally complete until the completed form has been turned in and approved by the Department. The Contractor must certify all items without qualification or exception. Failure to completely certify all items by initials will result in immediate rejection of the Contractor's Certificate of Work Complete 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 (Contractor's representative to ***initial*** each and sign below only after ensuring each is true):

- ___ The work has been completed in accordance with the contract's specifications, and the required materials have been used, both in quality and quantity.
 - ___ The Department and the Contractor have completed the final walk-through process. The Contractor has corrected all deficiencies to the satisfaction of the MDT Project Manager or payment will be deducted for outstanding deficiencies.
 - ___ The project has been inspected for compliance with the General Storm Water Permit, all necessary corrective actions taken; **OR**
 - ___ The project does not have a General Storm Water Permit.
 - ___ There are no pending investigations referencing alleged nonpayment to subcontractors or suppliers.
 - ___ There are no pending labor compliance or nonpayment claims on the contract.
 - ___ There are no known environmental violations. The Contractor is responsible for any violations issued for damages or non-compliance with permit requirements and conditions prior to the termination or transfer of the General Storm Water Permit. The Contractor will defend and hold the Department harmless from any violations, claims, enforcement actions, penalties or fines issued for Contractor activities or recordkeeping that occurred prior to the termination or transfer of the General Storm Water Permit; this does not include activities specifically directed by the Department in writing.
 - ___ 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, **either**:
- Contractor does not dispute the damages assessed, **OR**
 - Contractor disputes the damages assessed. The Contractor will receive further information from the Department.



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____ This contract does not include any contract specific warranties (non-manufacturer), **OR**
____ This contract does include contract specific warranties, which have expired and all corrective actions have been completed.

The following items must be completed before the final estimate will be released.

- 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 concurred with the final estimate (concurrence will be assumed if no response is received within 10 calendar days.)

Maintain insurance specified in Subsection 107.13.

State of Montana
County of _____

Signature of Contractor's Representative

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 _____

The Contractor must provide this completed form to the MDT Project Manager, who will stamp it with a RECEIVED date stamp. If it is discovered that one or more of the certifications is false or incorrect, this request will be rejected and must be re-submitted.

MDT Receipt
Date Stamp here

Contractor's Request **Approved** this _____ day of _____, 20_____

This is the Department's Final Acceptance

OR

Contractor's Request **Rejected** this _____ day of _____, 20_____ (letter follows)

MDT Project Manager

District Construction Engineer