

# SUBSTANTIAL COMPLETION CERTIFICATION

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Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DPW Project No. \_\_\_\_\_  
Design Professional \_\_\_\_\_  
Contractor \_\_\_\_\_

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Date Required by Agreement and Change Orders \_\_\_\_\_  
Actual Date of Substantial Completion \_\_\_\_\_

Contract Amount Paid to Date  
\$ \_\_\_\_\_

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A list of items to be completed or corrected, prepared by the Design Professional, is attached hereto. Failure by the Design Professional to include any items on this list does not alter the responsibility of the Contractor to complete all Work in accordance with the Contract Documents.

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The work performed under this contract and any approved change orders have been reviewed and found to be substantially complete. The Date of Substantial Completion is also the date for commencement of applicable warranties required by the contract unless exempted in an attached list.

\_\_\_\_\_  
Design Professional

\_\_\_\_\_  
By: Authorized Representative

\_\_\_\_\_  
Date

I will complete or correct the Work on the attached list within \_\_\_\_\_ days from the Date of Substantial Completion.

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
By: Authorized Representative

\_\_\_\_\_  
Date

The Owner accepts the Work or designated portion thereof as substantially complete and will assume full possession thereof at 8:00 a.m. the day following the Date of Substantial Completion.

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initial DPW FR

\_\_\_\_\_  
Initial DPW SFR

State of Idaho  
Division of Public Works  
\_\_\_\_\_  
Owner

\_\_\_\_\_  
By: Administrator

\_\_\_\_\_  
Date

Original: DPW Contract File    Copies to: Contractor, DP, FR, PM, Agency, Risk Management