

## **Certificate of Completion and Acceptance**

Safety and Site Support Division

This form is to be submitted to EAO with the final payment requisition or retainage payment (when applicable).

Contract Registration Number		FMS ID			Task Order	r Number (if applicable)	
Contractor	Safety and Site Support Section						
Project Name							
Sponsor Agency (Check	all that apply)	□DEP	□DCAS	□DOT			
Award Price						\$	
Change Orders Issued fo	or Additional Work					\$	
Total Completed Under (	Contract					\$	
Retainage Amount (if app	olicable)					\$	
Net Overrun/Underrun						\$	
Commencement of Work	Date						
Time Specified for Comp	oletion						ccds
Original Contract Compl	etion Date						
Time Extension Granted				Date from		Date to	
The Last Day of Physical	Work by the Contrac	tor					
We hereby certify that in work under this contract					• •	•	
Project Manager	Signature					Date (MM/DD/YY)	
	-					•	
Director/ Deputy Director							
-1y =	Signature					Date (MM/DD/YY)	
Associate Commissioner	1						
Executive Director	Signature					Date (MM/DD/YY)	