



STATE OF _____)
 _____) ss
 COUNTY OF _____)

Project Name: _____
 CAP Project #: _____

Agency: _____

Contractor: _____

Contract Amount: _____

Contract Number: _____ Contract Date _____

CONTRACTOR'S AFFIDAVIT

I DO SOLEMNLY SWEAR AND AFFIRM: That the work under the above named contract and all amendments thereto have been completed in accordance with the requirements of said contract; that all costs incurred for equipment, materials, labor, and services against the project have been paid; that no liens have been attached against the project; that all Workmen's Compensation claims are covered by Workmen's Compensation Insurance as required by law; that all public liability claims are adequately covered by insurance; that I, acting for the Contractor, shall save, protect, defend, indemnify, and hold the Owners harmless from and against all claims which arise as a direct or indirect result of any transaction, event or occurrence related to performance of the work included under said contract.

(Contractor Printed Name)

(Authorized Representative Signature)

(Authorized Representative Title)

(Date)

This instrument was acknowledged before me on _____ day of _____, 20__

by _____ as _____ of _____
(Contractor Name) (Type of Authority) (Contractor Organization)

(Signature of notarial officer)

(Seal)

My Commission Expires: _____

My Commission #: _____



CERTIFICATE OF CONSULTANT

I CERTIFY: That the work under the above described Contract has been satisfactorily completed under the terms of the Contract; that the Project is recommended for occupancy by the Using Agency; that the Contractor has submitted his sworn affidavit as evidence that he has paid all labor, materials, and other charges against this project in accordance with the terms of the contract; and that all records, documents, and drawings required by the Contract have been submitted to the Division of Capital Assets Management.

	Date	Days
Contract date:		
Date work order issued:		
Days allowed by contract for completion:		
Date work began:		
Extension allowed by Change Orders:		
Date of Substantial Completion:		
Days in excess of contract period:		
Days less than contract period:		

 (Date)

 (Consultant Organization)

 (Consultant Printed Name)

 (Authorized Representative Signature)

CERTIFICATE OF ACCEPTANCE BY USING AGENCY

THIS IS TO CERTIFY: That based upon the statements made in the above affidavit and certificate, the project is hereby accepted as completed for occupancy, operation and maintenance.

 (Date)

 (Using Agency Name)

 (Representative Printed Name)

 (Authorized Representative Signature)

 (Representative Title)

APPROVAL BY THE DIVISION OF CAPITAL ASSETS MANAGEMENT

This project is accepted as complete. The using agency is authorized to make final payment.

 (Date)

 (Project Manager)