

DPMC 20	FINAL CONTRACT ACCEPTANCE STATE OF NEW JERSEY – DPMC – BUREAU OF DESIGN & CONSTRUCTION	PROJECT NUMBER: ➔ _____
--------------------	--	-----------------------------------

PROJECT NAME & LOCATION:	CONTRACTOR NAME & LOCATION:
--------------------------	-----------------------------

CLIENT AGENCY:	TRADE:	CONTRACT NUMBER:
----------------	--------	------------------

① CONTRACTOR CERTIFICATION & RELEASE: I certify, for the above noted contract, that (1) all work has been completed in accordance with contract plans, specifications and other contract documents including those submittals, changes, substitutions and/or credits approved in writing by DPMC; (2) all workmanship, quality and materials are hereby guaranteed as required by contract documents; and (3) the State of New Jersey is hereby released from all liabilities, obligations or claims under this contract.

CONTRACTOR	PRINT NAME:	TITLE:	COMPANY OFFICER SIGNATURE:	DATE:
-------------------	-------------	--------	----------------------------	-------

② A/E CERTIFICATION: I certify, for the above noted contract, that (1) the work has been completed in accordance with the intent of the contract plans, specifications and other contract documents including those submittals, changes, substitutions and/or credits approved in writing by DPMC; (2) I have attended the final inspection of the contract work; and (3) all contract close-out requirements (including but not limited to operating and maintenance manuals, warranties and as-built drawings) have been fulfilled and/or received, except as otherwise noted in an attachment. Check here if attached

Consultant's contract number and/or Work Order number: _____

ARCHITECT OR ENGINEER	COMPANY NAME:	PRINT NAME:	A/E SIGNATURE:	DATE:
------------------------------	---------------	-------------	----------------	-------

③ PM CERTIFICATION: I certify, for the above noted contract, that (1) all work has been completed in accordance with contract plans, specification sand other contract documents including those submittals, changes, substitutions and/or credits approved in writing by DPMC; (2) the final inspection of the contract work has been conducted; and (3) all close-out contract requirements (including but not limited to operating and maintenance manuals, warranties and as-built drawings) have been fulfilled and/or received, except as otherwise noted in an attachment. Check here if attached.

PROJECT MANAGER	ORGANIZATION:	PRINT NAME:	PM SIGNATURE:	DATE:
------------------------	---------------	-------------	---------------	-------

④ CLIENT AGENCY ACCEPTANCE: For the above noted contract, this agency has attended the final inspection, or waived its rights of attendance, and accepts the work covered by the contract, except as otherwise noted in an attachment. Check here if attached

CLIENT AGENCY REP.	ORGANIZATION:	PRINT NAME:	CLIENT AGENCY SIGNATURE:	DATE:
---------------------------	---------------	-------------	--------------------------	-------

⑤ RECOMMENDATION: I recommend final acceptance of the above noted contract and certify that (1) the contract has been completed in accordance with the contract plans, specifications and other documents including those submittals, changes, substitutions and/or credits approved in writing by the DPMC; (2) all changes, substitutions, and/or credits have been approved in writing in accordance with contract provisions and DPMC policy and procedure; and (3) the contract close-out requirements, as referenced above, including all issues related to liquidated damages, have been fulfilled and/or received, except as otherwise noted in an attachment. The certifications presented above, or in related attachments, are correct to the best of my knowledge. Further, if the client agency, referenced above, has refused or waived its rights of acceptance of the contract, or has qualified its acceptance in writing in any way, I nonetheless recommend final contract acceptance with comments and/or supplemental recommendations as attached. Check here if attached

REGIONAL MANAGER	ORGANIZATION:	PRINT NAME:	REGIONAL MANAGER SIGNATURE:	DATE:
-------------------------	---------------	-------------	-----------------------------	-------

AUDIT USE	CONTRACT DATES & INFORMATION			FINANCES	
	Contract Date: _____		Contracts Closed-Out ____ of ____	Award Amount: \$ _____	
	NTP Date: _____			Change Order: \$ _____	
	Orig. Calendar Days: _____ Days		<input type="checkbox"/> Funds are available to pay final invoice	Final Cost: \$ _____	
	Orig. Completion Date: _____				
Approved EOT: _____ Days					
Substantial Completion Date: _____					

AUDITED	RECOMMENDED
AUDITOR:	ASSISTANT DEPUTY DIRECTOR, OCS:
_____ Signature	_____ Signature
_____ Date	_____ Date

DEPUTY DIRECTOR, DPMC:

ACCEPTED FOR THE STATE OF NEW JERSEY:

Signature Date