



Application for Certificate of Substantial Completion

CONTRACTORS NAME AND ADDRESS	PROJECT NO.
	CONTRACT NO.
NAME AND LOCATION OR WORK	CONTRACT DATE
	DIVISION/REGION

CERTIFICATION: I certify that the work under this contract has been executed in accordance with the plans and specifications and will be substantially completed and acceptable for use by the GNWT by _____ (date) except for the portion of work listed on the reverse side of this document.

The performance of the balance of the contract will result in final completion on the _____ day of _____ 20_____.

I further certify that I have submitted all data and materials as required by the contract to enable the GNWT to use the facility.

I further acknowledge, that if a Certificate of Substantial Completion is not issued pursuant to this request, and if additional costs are incurred by the GNWT as a result thereof, these costs or a portion thereof may be assessed by the Engineer in accordance with the contract.

Contractor's Name

Contractor's Signature

Date

INCOMPLETED/DEFECTIVE WORK

Class of Labour, Plant or Material	Cost of Completing (Contractor's Estimate)
TOTAL	

*Work which cannot be performed by the Contractor for reasons beyond the Contractor's control are designated with an astrik and an explanation is noted hereunder:
