



U. S. Department of Transportation Federal Highway Administration

Notification of Completion of Work

Date Stamp

Project No. and Name: _____

Contractor: _____

Date: _____ Day: _____

Line Item Number _____ Pay Item Number _____

(Or item work is subsidiary to) _____

Description _____

Location _____

Remarks: _____

* *"I certify that the work identified above has been completed according to the contract requirements and checked for compliance. I further certify that I am qualified and designated, in writing, to perform this Quality Control/Assurance function on this project.*

SIGNATURE (Contractor Representative*):

_____ Date: _____ Time: _____

[FHWA use below line]

If box one or two is checked, the contractor can proceed immediately with the next phase of work.

Received by: SIGNATURE (FHWA Representative):

_____ Date: _____ Time: _____

- 1. This work will not be inspected.
- 2. This work was inspected and no deficiencies were found.
- 3. This work was inspected and deficiencies were found as noted below. The contractor must resubmit a WFLHD 470 upon correction of this work.
- 4. This work was inspected and deficiencies were found as noted below. The contractor can proceed with the next phase of work as noted below.

Remarks: _____

Completed by: SIGNATURE (FHWA Representative):

_____ Date: _____ Time: _____