

MASSACHUSETTS PORT AUTHORITY

CERTIFICATE OF FINAL INSPECTION, RELEASE AND ACCEPTANCE

Contract No. _____ Title: _____ Finance Code: _____
 Contractor: _____ Address: _____
 Designer: _____ Address: _____

CERTIFICATE OF FINAL INSPECTION

Substantial Completion was achieved on _____. This is to certify that a complete final inspection of the above-entitled contract was made on _____ by the undersigned and the entire work was completed in accordance with the plans and specifications. The undersigned recommend acceptance of the subject contract.

_____	_____	_____	_____
Designer	Authorized Signature	Title	Date
_____	_____	_____	_____
Resident Engineer	Authorized Signature	Title	Date

CERTIFICATE OF RELEASE

1. The undersigned hereby certifies all work has been completed in accordance with plans, specifications and contract requirements, and that all Change Orders have been supported pursuant to the contract specifications.

2.	Contract Award Price: \$ _____	Adjusted Contract Price: \$ _____
	Authorized Additions: \$ _____	Paid to Date: \$ _____
	Authorized Deductions: \$ _____	Balance Due: \$ _____

3. The undersigned further certifies that in addition to the amount set forth above, there are outstanding and unsettled the following Change Orders:

a. CO# _____	Dated: _____	Amount: \$ _____	c. CO# _____	Dated: _____	Amount: \$ _____
b. CO# _____	Dated: _____	Amount: \$ _____	d. CO# _____	Dated: _____	Amount: \$ _____

4. Subject to satisfactory disposition of items listed in Paragraph 3 above, the undersigned releases Massachusetts Port Authority from all further claims under the contract and further certifies there are no known outstanding claims for wages or payments to subcontractors or suppliers except: _____ (list exceptions: insert words "see attached list" or insert "none")

_____ By: _____
 Contractor Authorized Signature - Title Date

CERTIFICATE OF ACCEPTANCE

The above-entitled Contract is accepted as of _____ subject to the terms and provisions of said Contract.

_____	_____	_____	_____
Resident Engineer	Date	MPA Facility Representative	Date
_____	_____	_____	_____
MPA Project Manager	Date	Deputy Director for Construction and Engineering Services	Date
		_____	_____
		Director of Capital Programs and Logan Modernization	Date

CC: Resident Engineer, Project Manager, MPA Facility Representative, Capital Programs Construction, Project Controls Manager, Risk Management, and Contractor