|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Certificate of Acceptance** | | | | | | | | | | |
| **To:**  *(General Contractor or CMR or DB)* | | | Insert Contractor Name | | | | | | | |
| Insert Contractor Address | | | | | | | |
| **Sent Via:**  *(CA)* | | | Insert CA Firm Name | | | | | | | |
| Insert CA Address | | | | | | | |
| **From:**  *(Owner)* | | | Insert Owner Name | | | | | | | |
| Insert Owner Address | | | | | | | |
| **Date:** | | | Insert Month Day, Year | | | | | | | |
| **DAS/CS Project Number:** | | | Insert Project Number | | | | | | | |
| **Project Title:** | | | Insert Project Title | | | | | | | |
| **Project Address:** | | | Insert Project Address | | | | | | | |
| **Description of Work:**  *(Description, Name, Location)* | | | | | | | | | | |
| Insert Description of Work | | | | | | | | | | |
| **Acceptance of Work:** | | | | | | | | | | |
| **The date of the Acceptance of the Work is hereby established as:** | | | | | | | Insert Date | | | |
| Any uncompleted items of this Work, listed in the attached Exhibit A, will be completed by the Owner. Any uncompleted items of this Work, listed in the attached Exhibit B, shall remain the responsibility of the General Contractor or CMR or DB. This Certificate of Acceptance is not a determination of or an acknowledgement by the State of Connecticut regarding the workmanship or quality of the Work described by this contract. | | | | | | | | | | |
| In accordance with General Conditions, I hereby certify that all of the Work described above has been completed, except for any uncompleted items of Work listed in Exhibits A and/or B attached hereto. | | | | | | | | | | |
| **Architect/Engineer (A/E):** | | | Insert Name | |  |  | | |  |  |
|  | | | *(Typed Name)* | |  | *(Signature)* | | |  | *(Date)* |
| **Construction Administrator (CA):** | | | Insert Name | |  |  | | |  |  |
|  | | | *(Typed Name)* | |  | *(Signature)* | | |  | *(Date)* |
| Pursuant to Connecticut General Statutes, Section 4-61, I, the duly authorized representative of the State of Connecticut and the Owner of the above referenced Project, hereby certify that the Work described by the above noted Contract is accepted by the Owner. | | | | | | | | | | |
| **Department Head** *or*  **Duly Authorized Representative:** | | | Insert Name | |  |  | | |  |  |
|  | | | *(Typed Name)* | |  | *(Signature)* | | |  | *(Date)* |
| **cc:** | Agency | Architect/Engineer | | DAS Director of Construction Management | | | | File | | |
|  | GC/CMR/DB | Construction Administrator | | Project Support Services | | | | Other: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Certificate of Acceptance**  **Exhibit A** | | | |
|  | |  | |
| Attached to and forming part of Certificate of Acceptance dated: | | Date |  |
|  | | *(Date)* | |
|  | |  |  |
| The following is a list of the Uncompleted Items of the Work that will be completed by the Owner for DAS/CS Project Number: | | Project No. |  |
| *(DAS/CS Project Number)* |  |
|  | |  | |
|  | |  | |
| **Item** **Number** | **Description** **Of The Work** | | |
| **Item No.** | Description of the Work | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Certificate of Acceptance**  **Exhibit B** | | | |
|  | |  | |
| Attached to and forming part of Certificate of Acceptance dated: | | Date |  |
|  | | *(Date)* | |
|  | |  |  |
| The following is a list of the Uncompleted Items of Work that shall remain the responsibility of the General Contractor or CMR or DB for DAS/CS Project Number: | | Project No. |  |
| *(DAS/CS Project Number)* |  |
|  | |  | |
|  | |  | |
| **Item** **Number** | **Description** **Of The Work** | | |
| **Item No.** | Description of the Work | | |

***End***