



STATE OF MONTANA
DEPARTMENT OF MILITARY AFFAIRS
CONSTRUCTION AND FACILITIES MANAGEMENT OFFICE
 1956 Mt. Majo St. • P.O. Box 4789 • Fort Harrison, MT 59636-4789
 Phone: 406 324-3100 • Fax: 406 449-5148

CERTIFICATE OF FINAL ACCEPTANCE

Project Name: _____ DMA #: _____
 Location: _____ Date: _____

To: **MONTANA DEPARTMENT OF MILITARY AFFAIRS**
CONSTRUCTION AND FACILITIES MANAGEMENT OFFICE
P.O. BOX 4789
FORT HARRISON, MT 59636-4789

Architect/Engineer: _____

Contractor: _____ Contract Date: _____
 _____ Contract Amount: _____

The Work performed under this Contract has been reviewed and found to be complete and has reached Final Acceptance. The Date of Final Acceptance of the Work is defined as the Date Certified by the Architect/Engineer upon which the Work is fully complete in all aspects, **and** which the Owner accepts the Contractor's work as complete. The Date of Final Acceptance of the Project, or portion thereof designated above, is also the basis for commencement of the DURATION of applicable warranties required by the Contract Documents. The Warranty Period is defined in the Contract Documents as commencing with Substantial Completion(s) and continuing for one (1) calendar year from the Date of Final Acceptance. This date shall correspond to the date of the Architect/Engineer's approval on the final pay application unless otherwise agreed upon in writing. In the even of a disparity between the date of the Architect/Engineer's approval and this form, if no other written agreement exists as to the date of final acceptance, this form shall constitute such agreement and it shall govern as the date of Final Acceptance.

Date of Substantial Completion:	Date of Final Acceptance:	Date of Warranty Expiration:

Notes:

 Architect/Engineer By _____ Date _____

 Contractor By _____ Date _____

State of Montana Department of Military Affairs,
Construction and Facilities Management Office

 Owner By _____ Date _____