



CERTIFICATE OF FINAL COMPLETION

PROJECT: (NAME & NUMBER)	CONTRACTOR:
TO (OWNER): Northern Arizona University Facility Services Planning, Design, & Construction PO Box 5637 Flagstaff, AZ 86011	CONTRACT FOR:
DATE OF ISSUANCE:	CONTRACT DATE:

PROJECT OR DESIGNATED AREA SHALL INCLUDE: _____

The work performed under this Contract has been reviewed and found to be finally complete. The Date of Final Completion is hereby established as _____.

DEFINITION OF DATE OF FINAL COMPLETION

The Date of Final Completion of the work is the Date certified by the Owner when construction is 100% complete, in accordance with the Contract Documents, including but not limited to the punchlist, **closeout documents per closeout letter, third party commissioning, final test and balance report**, and owner training.

DESIGN PROFESSIONAL	SIGNATURE	PRINT	DATE
---------------------	-----------	-------	------

CONTRACTOR	SIGNATURE	PRINT	DATE
------------	-----------	-------	------

The Owner accepts the work as finally complete and will assume full possession thereof at _____
_____(time) on _____ (date).

Arizona Board of Regents

OWNER	SIGNATURE	PRINT	DATE
-------	-----------	-------	------