

MRTS16E

Establishment and Monitoring Works

Appendix

Certificates of Commencement for -

- (a) Landscape and Revegetation Establishment Period
- (b) Landscape and Revegetation Monitoring

Certificate of Commencement of Landscape and Revegetation Establishment Period

Copy to the Principal Name and address of Principal _____ _____ _____	Contract Number _____
To the Contractor Name and address of Contractor _____ _____ _____	Project Name _____
	Certificate Number _____
Description of landscape works - drawing number, landscape treatment type and/or location _____ _____ _____ _____ _____	
In accordance with MRTS16E I hereby certify that the date of commencement of the landscape establishment period for the above landscape works is:	Date _____
Certified by:	
Administrator the Contract	
Name or company name _____ Name of nominee _____	Signature _____ Date _____

Certificate of Commencement of Landscape and Revegetation Monitoring Period

Copy to the Principal Name and address of Principal _____ _____ _____	Contract Number _____
To the Contractor Name and address of Contractor _____ _____ _____	Project Name _____
	Certificate Number _____
Description of landscape works - drawing number, landscape treatment type and/or location _____ _____ _____ _____ _____	
In accordance with MRTS16E I hereby certify that the date of commencement of the landscape monitoring period for the above landscape works is:	Date _____
Certified by:	
Administrator for the Contract	
Name or company name _____ Name of nominee _____	Signature _____ Date _____