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| **To the Principal** |
| Name and Address of Principal**The State of Queensland acting through the Department of Transport and Main Roads** |  |  |
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| **and the Contractor** |  |  |
| Name and Address of Contractor |  |
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**Description of Contract**

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| This Certificate applies to | **The Whole of the Works** |  |  |  |
|  |  |  |  |  |
|  | **The Last Separable Portion** |  |  |  |
|  |  |  |  |  |
|  | **Separable Portion** |  | **Number** |  |

**Description of Separable Portion (if applicable)**

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| **I certify that the Date of Practical Completion is** |  |

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| Certified by Administrator for the Contract |
| Name or Company Name and Name of Nominee | Signature | Date |
|  |  |  |
| The Department of Transport and Main Roads collects personal information on this form so that you may certify the Certificate of Practical Completion. The information on this form is accessible by authorised departmental officers and external personnel who are engaged to administer the Contract who will not disclose your personal details to a third party without your consent unless required to do so by law. |