



QUALITY CONTROL AND ASSURANCE CERTIFICATION FORM

To: _____, Wisconsin DOT Project Manager

Copy: _____

From: _____

Local Public Agency/Designer

Date: _____

Project: I.D. _____

County _____

Description _____

Limits: _____

Component(s): Plans____Specifications____Estimates ____

Discipline: (bridges, retaining walls, drainage, roadway, MOT, signing & marking, etc.):_____

Quality Certification:

This is to certify that the deliverable product referenced above has been developed under my direct supervision and has been checked and reviewed in accordance with our firms Quality Assurance Procedures (QAP).

Specifically:

- The work product has been checked in accordance with the QAP requirements prior to submittal;
▪ Work products have been reviewed in accordance with the QAP requirements prior to submittal for client review; and
▪ Internal quality review comments have been addressed and reconciled in the work product as documented on the Review Comment.

In my professional opinion, this product complies with the requirements of the contract, applicable WisDOT and federal requirements, and is ready for submittal to WisDOT.

Local Public Agency/Designer(print name)

signature

date

See attached sheet(s) with additional comments if box is checked. []