



**STATE OF MONTANA**  
**DEPARTMENT OF ADMINISTRATION**  
**ARCHITECTURE AND ENGINEERING DIVISION**  
 1520 East Sixth Avenue • P.O. Box 200103 • Helena MT  
 59620-0103 Phone: 406 444-3104 • Fax: 406 444-3399

**CERTIFICATE OF SUBSTANTIAL COMPLETION**

Project Name: \_\_\_\_\_ A&E #: \_\_\_\_\_  
 Project Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 Project Location: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Contact #: \_\_\_\_\_

To: **MONTANA DEPARTMENT OF ADMINISTRATION**  
**ARCHITECTURE AND ENGINEERING DIVISION**  
**1520 E. SIXTH AVENUE, P.O. BOX 200103**  
**HELENA MT 59620-0103**

Architect/Engineer: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contractor: \_\_\_\_\_ Contract Date: \_\_\_\_\_  
 \_\_\_\_\_ Contract Award \_\_\_\_\_  
 \_\_\_\_\_ Amount: \_\_\_\_\_

**PROJECT OR DESIGNATED PORTION SHALL INCLUDE:**

The work performed under this Contract has been reviewed and found to be substantially complete. The Date of Substantial Completion of the Project or portion thereof designated above, which is also the date of commencement of applicable warranties required by the Contract Documents, except as stated below is hereby established as: \_\_\_\_\_

BASIC PROJECT INFORMATION (required by Risk & Tort Defense Division)	NEW	REMODEL/RENOVATION
Total Square Footage	Sq. Ft.	Sq. Ft.
General Construction Material (e.g. masonry, metal panel, wood, etc.)		
Total Construction Cost		
Fire Sprinklers Installed (yes/no)	Yes      No	Yes      No
Estimated Date of Occupancy (if different from date of Substantial)		
Building Usage:		
Safety Consultation with DLI:	Yes      NA	Yes      NA
Additional Comments:		

