

MIAMI DADE COUNTY EXPRESSWAY AUTHORITY (MDX)

MDX PROCUREMENT / CONTRACT NO. : _____

MDX WORK PROGRAM NO.: _____

MDX PROJECT/SERVICE TITLE: _____

CONSTRUCTION COMPLIANCE WITH SPECIFICATIONS AND PLANS

DATE: _____

Monthly:

Final:

_____ Prime Contractor for the above referenced contract, hereby verifies based on personal knowledge or reasonable investigation and good faith belief, all Quality Control functions and Quality Control sampling and test results are in substantial compliance with the pertinent specification requirements and the approved Quality Control Plan for this project. This represents work done between _____ and _____. Exceptions to these requirements are listed below.

1) Item No.: _____

Exception:

2) Item No.: _____

Exception:

A false statement or omission made in connection with this certification is sufficient cause for suspension, revocation, or denial of qualification to bid, and a determination of non-responsibility, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable Federal and State Law.

State of Florida

County of Dade

Quality Control Manager

Sworn to and subscribed before me this ____ day
of _____, _____, by _____
(Print name of person signing Certification)

By

Notary Public

Title

Commission Expires

Personally Known ____ or Produced Identification ____

Type of Identification Produced _____

Construction Compliance With Specifications and Plans

State of Florida

County of Dade

Sworn to and subscribed before me this ____ day
of _____, _____, by _____
(Print name of person signing Certification)

Notary Public

Commission Expires

Personally Known ____ or Produced Identification ____

Type of Identification Produced _____

Contractor

By

Title

INSTRUCTIONS

MDX Project Number(s): List all MDX project numbers on the contract.

Date: Show the date the certification is completed.

Contract No.: Show the contract number the certification represents.

Monthly/Final: Indicate which type of estimate this certification represents, monthly or final.

Prime Contractor: In this field, show the Prime Contractor's full company name.

Date Began: Show the beginning the certification represents. For a monthly or progress estimate, show the beginning date the estimate corresponds to. For a final certification, show the date the contract work began.

Date Ended: Show the ending dates the estimate corresponds to. For a final certification, show the final acceptance date.

Item No.: Show the pay item number the exception is associated with.

Exceptions:

For the monthly certification, list the following:

1. QC samples that did not compare with VT samples and had VT results upheld by RT samples.
2. Any samples that had Engineering Analysis Report performed.
3. Any failed QC samples.
4. Any QC samples that do not have results entered into CQR or LIMS.
5. Any QC samples that were performed by unqualified technicians or laboratories.
6. Any materials placed without an approved QC Plan or when the QC Plan is suspended.
7. Any materials provided from an unapproved producer or supplier.

For the final certification, all exceptions to Quality Control sampling and testing must be shown on the certification.

Notary Information: The Notary Public completes this section. This certification must be notarized.

Quality Control Manager: Signature of the Quality Control Manager signing the certification.

By: Type or print the name represented by the signature in "Quality Control Manager:" section.

Title: Type or print the title of the person signing the certification.

Contractor: To be signed by an officer or director of the Contractor with an authority to bind the Contractor.

By: Type or print the name represented by the signature in the Contractor signature block.

Title: Type or print the title of the person signing the certification.