



Office of Management & Enterprise Services ■ Capital Assets Management ■ Construction and Properties

DATE OF (  PARTIAL ) SUBSTANTIAL COMPLETION is the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_.

**OWNER:**

State of Oklahoma  
OMES/CAM/CAP  
P.O. Box 53448  
Oklahoma City, OK 73152-3448  
[cap@omes.ok.gov](mailto:cap@omes.ok.gov)

**PROJECT:**

\_\_\_\_\_  
(CAP Project Number)

\_\_\_\_\_  
(CAP Project Name)

\_\_\_\_\_  
(Address/Location)

\_\_\_\_\_  
(Using Agency)

\_\_\_\_\_  
(Owner's Representative)

\_\_\_\_\_  
(Contractor/Construction Manager/Design-Builder Company Name)

The Work identified below has been reviewed and found, to the Owner's Representative's, best knowledge, information and belief, to be substantially complete. Substantial Completion is the state in the progress of the Work when the Work or designated portion is sufficiently complete in accordance with the Construction Documents so that the Using Agency can occupy or utilize the Work for its intended use. The date of Substantial Completion of the Project or portion designated below is the date indicated above.

**Warranties.**

The date of Substantial Completion of the Project or portion(s) designated above is also the date of commencement of applicable warranties required by the Contract Documents, except as stated below:

**Work to be Corrected or Completed.**

A comprehensive list of items (Punch List) to be completed or corrected is attached hereto, or transmitted as agreed upon by the parties, and identified as follows:

The failure to include any items on such list does not alter the responsibility of the Contractor/Construction Mgr./Design-Builder to complete all Work in accordance with the Contract Documents. Unless otherwise agreed to in writing, the date of commencement of warranties for items listed on the attached list will be the date of issuance of the final Certificate of Payment or the date of final payment, whichever occurs first. The Contractor/Construction Mgr./Design-Builder will complete or correct the Work on the list of items attached hereto within \_\_\_\_\_ (\_\_\_) calendar days from the above date of Substantial Completion.

Except as noted above, warranties related to the Work to which this Certificate of Substantial Completion applies, commence on the date of Substantial Completion.

**Cost Estimate of Work to be completed or corrected (at 150%):** \_\_\_\_\_

The responsibilities of the State (Owner and/or Using Agency) and Contractor/Construction Mgr./Design-Builder pending final payment, if not otherwise stated in the Contract Documents, are as follows:

**State:**  Security  Maintenance  Utilities  Insurance; **GC/CM/DB:**  Security  Maintenance  Utilities  Insurance

All parties indicated below, accept the responsibilities assigned to them in this Certificate of Substantial Completion:

**Issued by OWNER:** \_\_\_\_\_ **Accepted by CONTRACTOR/CONSTRUCTION MANAGER/DESIGN-BUILDER:** \_\_\_\_\_

\_\_\_\_\_  
(CAP Authorized Representative Signature)

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Authorized Representative Signature)

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(CAP Authorized Representative Printed Name)

\_\_\_\_\_  
(Authorized Representative Printed Name)

**Certified by OWNER'S REPRESENTATIVE:** \_\_\_\_\_ **Accepted by USING AGENCY** \_\_\_\_\_

\_\_\_\_\_  
(Authorized Representative Signature)

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Using Agency Authorized Representative Signature)

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Authorized Representative Printed Name)

\_\_\_\_\_  
(Using Agency Authorized Representative Printed Name)