

**Client:**

**Client Superintendent:**

**Request to issue Certificate of Practical Completion - Separable Portion (Job)**

*As Downer Australia is of the opinion that Practical Completion of the Separable Portion (Job) as follows has been reached, subject to the minor omissions and defects listed below, Downer Australia requests the Superintendent to issue a Certificate of Practical Completion.*

Street Name:			Suburb:		
From:			To:		
Treatment Undertaken:					
<input type="checkbox"/> Asphalt	<input type="checkbox"/> Spray Seal	<input type="checkbox"/> Profiling	<input type="checkbox"/> Top Stones	<input type="checkbox"/>	<input type="checkbox"/>
Print Name:		Signed:		Request Date:	Request Time:
Downer Australia Representative					

**Certificate of Practical Completion** *(Strike out as applicable)*

*The Superintendent hereby certifies that Practical Completion of the Separable Portion (Job) as detailed above was reached on the request date and time above, subject to the minor omissions and defects listed below.*

Print Name:	Signed:	Date:
Superintendent		

*In accordance with the Contract, this Separable Portion (Job) is deemed to have reached Practical Completion on the request date and time above if within 2 working days of the request date the Superintendent has not inspected the Separable Portion (Job) and advised Downer Australia in writing that it does not agree that Practical Completion has been reached. In the event that the Superintendent has not inspected the Separable Portion (Job) and advised Downer Australia accordingly within 2 working days of the request date, the Superintendent shall provide a signed copy of the Certificate of Practical Completion within 10 working days of the request date for records purposes.*

**Notice that Practical Completion has not been reached** *(Strike out as applicable)*

*The Superintendent notifies Downer Australia that the Superintendent is of the opinion that Practical Completion for the Separable Portion (Job) noted above has not been reached for the reasons listed below.*

Print Name:	Signed:	Date:
Superintendent		

☐ **Minor Omissions & Defects** *(Tick Option as applicable)*

☐ **Reasons Practical Completion has not been reached**