Expires: XX/XX/20XX

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CERTIFICATE OF COMPLETION SPECIAL EQUIPMENT CONTRACT

(INCLUDING INSTALLATION)

TO: ADMINISTRATOR
RURAL UTILITIES SERVICE
U. S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C. 20250

		PROJECT DESIGNATION
I, the undersigned Engineer of hereby certify that:	the above-desig	gnated Rural Utilities Servcie Project. do
1. The installation of equipment provided	for pursuant to C	ontract Nodated
20, including all approved amendments,	(hereinafter calle	ed the "Project") between
(Owner) and.		(Contractor)
has been completed as ofwith the provisions of the Loan Contract and the th ereof.	. 20——, 20——e Contract, includ	 and is in all respects in strict compliance ing specifications, drawings and all modifications
2. The Contractor has delivered to the Owthat all persons who have furnished labor in conturers, materialmen and subcontractors which fubeen paid in full; that no lien has been filed against the Project.	nnection with the l crnished any mater	rials or services, or both, for the Project have
3. All the required acceptance tests have Contractor has furnished in writing to the Owne		e equipment; results were satisfactory, and the l tests.
4. All defects in workmanship and materia been corrected.	als reported durin	ng the period of construction of the Project have
5. The total cost of the Project as comple A break down of the total cost by group, central certificate.		
Dated thisday of	20	
OWNER		NAME OF ENGINEER
ByAPPROVED AS TO ITEMS 1, 3 AND 4 ABOVE	By	
		TITLE
RUS FIELD ENGINEER		DATE

TOTAL COST OF THE PROJECT BY GROUP, CENTRAL OFFICE, OR LOCATION $(Complete\ applicable\ parts)$ YOICE FREQUENCY REPEATERS GIVE C.O. NAME OR SYSTEM TOTAL TRUNK GROUP LAYOUT REFERENCE BETWEEN CENTRAL BETWEEN CENTRAL OFFICES GIVE C.O. NAME OR SYSTEM LAYOUT REFERENCE LOCATION(S) WHERE REPEATERS IN THIS GROUP ARE INSTALLED (List location(s) or system layout reference(s) NO. OF REPEATERS IN THIS GROUP BY TYPE NI OR NR TOTAL COST OF EQUIPMENT FOR THIS OF INCOME. NI OR NR SPARE PARTS & MAINTENANCE TOOL TRUNK CARRIER GIVE C.O. NAME OR SYSTEM TRUNK GROUP BETWEEN CENTRAL GIVE C.O. NAME OR SYSTEM OFFICES LAYOUT REFERENCE NUMBER OF CHANNELS IN THIS GROUP TOTAL COST OF EQUIPMENT FOR THIS GROUP TOTAL COST OF INSTALLATION FOR THIS GROUP SPARE PARTS & MAINTENANCE TOOL TEST EQUIPMENT SUBSCRIBER CARRIER CENTRAL OFFICE WHERE EQUIPMENT WILL BE INSTALLED NUMBER OF CHANNELS IN THIS CENTRAL OFFICE TOTAL COST OF EQUIP> FOR THIS CENTRAL OFFICE TOTAL COST OF INSTALLATION FOR THIS C.O. TOTAL COST FOR THIS C.O. PARE PARTS & MAINTENANCE TOOL TEST EQUIPMENT POINT-TO-POINT RADIO FACILITIES (Microwave) LOCATION BY CENTRAL OFFICE (Give name or syste layout reference) OR SITE IDENTIFICATION (Giv geographical location or system layout reference NUMBER OF VOICE TERMINALS AT THIS LOCATION MULTIPLEX TOTAL COST OF EQUIPMENT ACTIVE R.F. REPEATER BY ITEM PASSIVE REPEATER TOWER AND ANTENNA FOR THIS LOCATION AUXILIARY POWER TOTAL COST OF INSTALLATION FOR THIS LOCATION SPARE PARTS & MAINTENANCE TOOL LOCATION BY CENTRAL OFFICE (Give name of system layout reference) OR SITE IDENTIFICATION Give geographical location or system reference) NUMBER OF MOBILE AND FIXED STATIONS (Show only SINGLE CHANNEL UNITS MULTI-CHANNEL UNITS under associated base station location (List under only one base station location MOBILE STATIONS TOTAL COST OF EQUIPMENT BY THIS ITEM FOR THIS LOCATION FIXED SUBSCRIBER STATIONS RADIO BASE STATION DIAL CONTROL TERMINAL AUXILIARY POWER TOTAL COST OF INSTALLATION FOR THIS LOCATION TOTAL COST FOR THIS LOCATION PARE PARTS & MAINTENANCE TOOL TOTAL AMOUNT OF TAXES PAID BY CONTRACTOR. TOTAL AMOUNT OF TAXES PAID BY OWNER _ _ _ _ TOTAL COST OF THE PROJECT _