**QUALITY ASSURANCE/QUALITY CONTROL CERTIFICATION**

*I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify as lead QA/QC person in charge on this contract authorization that I have thoroughly reviewed the project and corrections have been identified and completed.*

*PLACE PROFESSIONAL SEAL HERE*

*(Signature and Date)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Name of Professional Surveyor and License Number)*