

# TRANSPORTATION WORK AUTHORIZATION INSPECTION AND COMPLETION REPORT

Attach to Performing Agency's copy of Work Authorization.

Michigan Department of Transportation 1515B (MLAP 08/2021)

TYPE OF WORK			TWA NUMBER
WORK TO BE PERFORMED BY			PROGRAM NUMBER
			WO NUMBER
WORK LOCATION			SIGNAL CS-SPOT NUMBER
			REGION
			TWA DIVISION
TOTAL ESTIMATED BUDGET	STARTING DATE	ESTIMATED COMPLETION DATE	DATE WORK COMPLETED

### WORK COMPLETION AND MATERIALS APPROVAL

The following information is to be supplied by the performing agency upon completion of the work and forwarded to the Region office or TSC of the originating Division. If any deviation from form description was necessary, explain in detail under Remarks.

All work specified on this Authorization was completed on \_\_\_\_\_ (Date)

SIGNATURE	TITLE	DATE
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REMARKS

### INSPECTION AND APPROVAL

The following information is to be supplied by the Region/TSC office.

I certify the installation was inspected and approved on \_\_\_\_\_ (Date)

SIGNATURE	TITLE	DATE
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REMARKS