	M E M O	RANDUM	
То:			
Via:			
Via:			
From:			
Date:			
<u>Subje</u>	ct:		
l certif accura	A Certification: Ty to the best of my knowledge and belief that te, and meet the Standard of Care required. The reduction of quality control checks are available in p	DelDOT's quality control	•
	Signature (Project Manager)	Date	
	Signature (Group Engineer)	Date	
I have and qu projec	A Verification: reviewed the documents and verify to the buality assurance process was followed; that the design, construction plans, specifications, construct this project are complete and ready for	ne Engineer of Record is proof ost estimates, and all other	roperly licensed; and that the
	Signature (Deputy Director Design)	 Date	