



CONSULTANT QUALITY COMPLIANCE FORM

DATE: _____

TO: _____,
MCDOT Project Manager

RE: QUALITY COMPLIANCE REVIEW - _____ SUBMITTAL

CONTRACT NO.: _____ PROJECT NO.: _____

PROJECT NAME: _____

DESIGN MANAGER: _____

CONSULTANT: _____

SUBCONSULTANT: _____
(If necessary)

PROJECT QUALITY VERIFICATION

This is to certify that I have verified the contents of the proper documents and or plans in the submittal by the designer and that they meet the requirements of the project. This quality verification was conducted on _____, ___, 20___, before the project was submitted to the MCDOT Project Manager.

This certificate is issued to document my review and to confirm that submittal documents have been verified for quality. These documents are now ready to be checked for quality assurance by the reviewers, in accordance with the content requirements of the Maricopa County Department of Transportation and the requirements stipulated in the MCDOT Project Development Manual.

SIGNATURE: _____

NAME: _____
Consultant Design Manager

SIGNATURE: _____

NAME: _____
MCDOT Project Manager