

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**CERTIFICATION AS TO ACCURACY OF FINAL PAYMENT**

700-050-38  
OGC - CONSTRUCTION  
9/25

The undersigned \_\_\_\_\_, on behalf of and as a duly authorized representative of \_\_\_\_\_, (hereinafter referred to as the "Consultant") hereby certifies, to the best of Consultant's knowledge, information and belief, to the Florida Department of Transportation (hereinafter referred to as the "Department") as follows:

1. That the Final Estimate package for Contract Number \_\_\_\_\_, Financial Project Number(s) \_\_\_\_\_, (hereinafter referred to as the "Final Estimate") is in compliance with the Contract, Statewide Quality Control Plan or other acceptable plan as developed by the Consultant, and the Department's procedures; and
2. That the Final Estimate is true and correct as determined by the Consultant's reasonable and independent investigation and measurements; and
3. That the Consultant hereby recommends that the Department make payment based on the attached Final Estimate; and
4. That the Consultant hereby agrees to indemnify and hold the Florida Department of Transportation, its officers and employees harmless from all liabilities, damages, costs, and attorney fees incurred and paid as a result of the negligence, recklessness, or intentional wrongful misconduct of the Consultant and persons employed or utilized by the Consultant in the preparation and/or audit of the Final Estimate as outlined in the Scope of Services. The Department also reserves the right to recover from the Consultant any increased costs, delays or other damages to the Department due to errors and/or omissions under applicable Florida Statutes (334.044(2); 334.048.20.23(3)(a) and 337.015).
5. Monetary Amount Submitted \$ \_\_\_\_\_.

State of Florida  
County of \_\_\_\_\_  
Sworn to (or affirmed) and subscribed before me, by means  
of physical or online notarization, this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_ (year), by \_\_\_\_\_  
(print name of person signing Certification)

A false statement or omission made in connection with this certification is sufficient cause for suspension, revocation or denial of qualification, and may subject the person and/or entity making false statement to any or all civil and criminal penalties available pursuant to applicable Federal and State Law.

\_\_\_\_\_  
Notary Public (Not Required if Digitally Signed)

\_\_\_\_\_  
Consultant Name

\_\_\_\_\_  
Commission Expires

\_\_\_\_\_  
Title of Authorized Representative

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
Signature