**CONSULTANT CERTIFICATION FOR PROJECT PLANS AND SPECIFICATIONS ON STATE AID PROJECTS**

(sponsor's name)

(airport)

(project#)

Project Description: (description)

It is the responsibility of the consultant to comply with the Bureau of Aeronautics (BOA) requirements for all work performed by the consultant under contract. The following list of certified items includes major requirements for this aspect of project implementation. The list is not comprehensive, nor does it relieve the consultant from fully complying with all applicable statutory and administrative standards. Every certified item must be marked. Each certified item with a "no" response must be fully explained in an attachment to this certification. If the item is not applicable to this project, mark the item "N/A".

1. The plans and specifications were developed in accordance with all applicable state or federal standards and requirements, or state approved deviations to federal standards and requirements.

Yes  No  N/A

2. Specifications for the procurement of equipment are not proprietary or written so as to restrict competition. At least two manufactures can meet the specification.

Yes  No  N/A

3. The development included in the plans, is depicted on an airport layout plan approved by BOA.

Yes  No  N/A

4. Process control and acceptance tests required for the project by BOA standards are included in the project specifications.

Yes  No  N/A

5. The plans and specifications incorporate applicable requirements and recommendations set forth in the BOA approved environmental finding.

Yes  No  N/A

6. For construction activities within or near aircraft operational areas, the requirements contained in Advisory Circular 150/5370-2 have been discussed with BOA and incorporated into the specifications. A construction operations plan has been prepared.

Yes  No  N/A

I certify that, for the project identified herein, the responses to the forgoing items are correct as marked, and if there are any attachments, they are correct and complete.

See attachments: None  Yes  Pages 1 - (page #)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Consultant's Authorized Representative

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Typed Name and Title of Consultant's Representative

(initials)

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