

**Colorado Department of Transportation
Contractor's Claim Certification**

INSTRUCTIONS: Use this side for a Contractor claim; use the reverse side for a subcontractor pass through claim.

Project No.:	Project Code (SA #):	Date:
--------------	----------------------	-------

Location:

Under penalty of law for perjury or falsification, the undersigned,

Name:	Title:	Contractor Name:
-------	--------	------------------

hereby certifies that the claim of \$ _____ for extra compensation and _____ Days additional time, made herein for work on this contract is true to the best of my knowledge and belief and supported under the contract between the parties.

This claim package contains all available documents that support the claims made herein and I understand that no additional information, other than for clarification and data supporting previously submitted documentation, may be presented by me.

Dated	Signature: /s/
-------	----------------

Subscribed and sworn before me this ____ day of _____, 2 ____.

NOTARY PUBLIC Signature:	My Commission expires:
--------------------------	------------------------

State of	County of
----------	-----------

Colorado Department of Transportation
Contractor's Pass-Through Claim Certification

INSTRUCTIONS: Use this side for a subcontractor pass through claim; use the reverse side for a Contractor claim.

Project No.:	Project Code (SA #):	Date:
Location:		

Under penalty of law for perjury or falsification, the undersigned,		
Name:	Title:	Subcontractor Name:
hereby certifies that the claim of \$ _____ for extra compensation and _____ Days additional time, made herein for work on this contract is true to the best of my knowledge and belief and supported under the contract between the parties.		
This claim package contains all available documents that support the claims made herein and I understand that no additional information, other than for clarification and data supporting previously submitted documentation, may be presented by me.		
Dated	Signature: /s/	
Subscribed and sworn before me this _____ day of _____, 2_____.		
NOTARY PUBLIC Signature:	My Commission expires:	
State of	County of	

Contractor Name:		
The Contractor certifies that the claim being passed through to CDOT is passed through in good faith and is accurate and complete to the best of my knowledge and belief.		
Dated	Signature: /s/	
Subscribed and sworn before me this _____ day of _____, 2_____.		
NOTARY PUBLIC Signature:	My Commission expires:	
State of	County of	