Date

New Jersey Department of Transportation

**Local Aid Projects**

# Certificate of Compliance — State Aid

|  |  |  |
| --- | --- | --- |
| Project: |       |  |
| Municipality: |       |
| County: |       |
| Contractor: |       |
| Supplier (Name & Plant): |       |
| Material Description: |       |
| Material Quantity: |       |
| Date of Shipment: |       |  |
| Shipment Identifier: |       |  |
| **(such as label marking** **or seal number)** |  |  |
|  |  |  |
| These materials conform to the project contract material requirements, and the representative samples have been tested and found to be in compliance with the project contract.  | [ ]  (checkbox) |
| If this submission is for an assembly of materials, I confirm that the assembly conforms to the project contract. | [ ]  (checkbox) |
| I have the legal authority to bind the supplier of these materials to this project’s contract. | [ ]  (checkbox) |
| Clearly Print/Type Name: |       |
| Signature: |  |
|  |  |
|  |
| Approved by: |       |  |  |  |  |
|  Clearly Print Name – County/Municipal Engineer |  Signature – County/Municipal Engineer |  |

**(After approval submit to the Local Aid Project’s District Office)**