Certificate of MRTS16 Establishment / Monitoring Period  
CAL055

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Copy to the Principal | | | | | |  | Contract Number |
| **Name and address of Principal**  State of Queensland, acting through the Department of Transport and Main Roads | | | | | |  | Click here to enter text. |
|  |
|  |  |
|  | Lot Name |
|  | | | | | |  | Click here to enter text. |
| To the Contractor | | | | | |  |
| **Name and address of Contractor**  Click here to enter text.  Click here to enter text.  Click here to enter text. | | | | | |  |  |
|  | Certificate Number |
|  | Click here to enter text. |
|  |
|  | | | | | |  |  |
| Establishment Period | | | | Monitoring Period | | | |
|  | Commencement | | |  | Commencement | | |
|  | Completion | | |  | Completion | | |
| *Note: When progressing from the Establishment Period to the Monitoring Period, the Completion of the Establishment Period and Commencement of the Monitoring Period may be marked on the one certificate.* | | | | | | | |
| Description of landscape and revegetation works – drawing number, landscape treatment type, location, lot or separable portion. | | | | | | | |
| Click here to enter text. | | | | | | | |
| In accordance with MRTS16, I hereby certify that the above landscape and revegetation works are compliant with the installation requirements / completion criteria, for the relevant certificate.  *Certified by:* Click here to enter text. | | | | | | | |
|  | | | | | |  | **Commencement Date** |
| **Administrator** | | | | | |  |  |
| Click here to enter text. | |  | Click here to enter text. | | |  |  |
| **Signature** | |  | **Date** | | | |  |