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| **To the Principal** |
| Name and address of Principal**The State of Queensland acting through the Department of Transport and Main Roads** | **Project name:** |  |
|  |  |
| **Certificate number:** |  |
| **and the Contractor** |
| Name and address of Contractor |  |

**Description of Landscape Works** – drawing number, landscape treatment type and/or location

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| **I certify that the Date of Commencement of the Landscape Establishment Period for the landscape works described above is:** |  |

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| --- |
| Certified by |
| Administrator for the Contract |
| Name or Company Name | Signature | Date |
|  |  |  |
| Name of Nominee |
|  |
| The Department of Transport and Main Roads collects personal information on this form so that you may certify the Landscape Establishment Period. The information on this form is accessible by authorised departmental officers and external personnel who are engaged to administer the Contract who will not disclose your personal details to a third party without your consent unless required to do so by law. |