

CALIFORNIA DEPARTMENT OF TRANSPORTATION  
Division of Local Assistance

**LOCAL AGENCY FINAL  
INSPECTION FORM**

INSTRUCTIONS: Local agency is to complete Items 1-10. DLAE completes Items 11-13 and submits original plus two (2) copies to the Division of Local Assistance.

|  |                             |                     |
|--|-----------------------------|---------------------|
| 1. PROJECT NO.:  | 2. DIST-CO-RTE-AGENCY:      | 3. COMPLETION DATE: |
| 4. LOCATION OF IMPROVEMENTS AS PROGRAMMED:   |                             |                     |
| 5. TYPE OF WORK:   |                             |                     |
| 6. CONTRACTOR'S NAME:  | 7. CONTRACT AMOUNT:         |                     |
| 8. DATE OF CONTRACT ACCEPTANCE   |                             |                     |
| <p>9. FINAL INSPECTION. The above listed project was completed and a final inspection has been made. The project was completed as programmed and in compliance with all state and federal requirements.</p> <p>(Check appropriate box)</p> <p><input type="checkbox"/> This project is Delegated and not subject to FHWA oversight. FHWA Final Inspection not required.</p> <p><input type="checkbox"/> This project is an FHWA High Priority project. FHWA Final Inspection required.</p> |                             |                     |
| _____<br>SIGNATURE (Local Agency Rep)  |                             | _____<br>DATE:      |
| _____<br>TITLE:  |                             |                     |
| 10. REMARKS:   |                             |                     |
| 11. DISTRICT REVIEW MADE BY (print name):  | 12. DATE OF PROJECT REVIEW: |                     |
| <p>13. PROJECT VERIFICATION: This verification of completion also constitutes approval to pay costs shown in the Final Invoice included in the Report of Expenditures. The person listed above has reviewed the job site and found the project constructed in accordance with the scope and description of the project authorization document.</p>   |                             |                     |
| SIGNATURE: _____   |                             | DATE: _____         |
| District Local Assistance Engineer/Oversight Engineer  |                             |                     |

Form FIF-6/05

**Distribution:** (1) Caltrans - Original plus two copies (2) Local Agency – Retain a copy