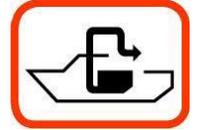




**Environmental
Facilities Corporation**



**CVAP
(Clean Vessel Assistance Program)**

www.efc.ny.gov/CVAP

**CERTIFICATION OF PROJECT COMPLETION
REQUEST FOR INSPECTION**

**A signed original form must be received by the
New York State Environmental Facilities Corporation
in order to process your reimbursement request for grant funding**

Facility Name: _____

Project Name: _____

I hereby certify that I am the Authorized Representative (Agreement/Contract Section 8) of the above referenced. I have reviewed and understand the requirements necessary to request and receive reimbursement of costs under the Clean Vessel Assistance Program. The above Project is complete and meets the aforesaid requirements. This Project is and for the useful life of the Project will continue to be, in compliance with all necessary local, state and federal laws. Accordingly, I am requesting Final Inspection of the above Project.

Authorized Representative Signature

Date

Printed Authorized Representative Name

Printed Representative Title

Mail To:
New York State Environmental Facilities Corporation
Att: CVAP
625 Broadway, 7th Floor
Albany, NY 12207-2997
(Faxed or e-mailed copies are not acceptable)