According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0572-0059. The time required to complete this information is estimated to average of 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

CERTIFICATE OF COMPLETION SPECIAL EQUIPMENT CONTRACT

(INCLUDING INSTALLATION)

TO: ADMINISTRATOR
RURAL UTILITIES SERVICE
U. S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C. 20250

			PROJECT DESIGNATION
I, th hereby certify tha	ne undersigned Enginee nt:	er of the above-design	ated Rural Utilities Servcie Project. do
1. The inst	tallation of equipment pro	vided for pursuant to Con	ntract Nodated
20, includ	ding all approved amendm	nents, (hereinafter called	the "Project") between
	(Owner,	and	(Contractor)
has been complete with the provision the ereof.	ted as of ns of the Loan Contract ar	, 20 nd the Contract, including	and is in all respects in strict compliance g specifications, drawings and all modifications
that all persons w turers, materialm	who have furnished labor i nen and subcontractors wh that no lien has been filed	n connection with the Project furnished any materia	f Contractor and Indemnity Agreement certifying oject have been paid in full; that all manufac- uls or services, or both, for the Project have I no person has any right to claim any lien
	required acceptance tests urnished in writing to the		equipment; results were satisfactory, and the ests.
4. All defeated been corrected.	cts in workmanship and m	aterials reported during	the period of construction of the Project have
Dated this	day of	20	
	OWNER		NAME OF ENGINEER
Ву		By	
APPROVEI	D AS TO ITEMS 1, 3 AND 4 ABO	DVE	
			TITLE
	RUS FIELD ENGINEER		DATE

RUS FORM 396 REV. 3-64

TOTAL COST OF THE PROJECT BY GROUP, CENTRAL OFFICE, OR LOCATION $(Complete\ applicable\ parts)$ YOICE FREQUENCY REPEATERS GIVE C.O. NAME OR SYSTEM TOTAL TRUNK GROUP LAYOUT REFERENCE BETWEEN CENTRAL BETWEEN CENTRAL OFFICES GIVE C.O. NAME OR SYSTEM LAYOUT REFERENCE LOCATION(S) WHERE REPEATERS IN THIS GROUP ARE INSTALLED (List location(s) or system layout reference(s) NO. OF REPEATERS IN THIS GROUP BY TYPE NI OR NR TOTAL COST OF EQUIPMENT FOR THIS OF INCOME. NI OR NR SPARE PARTS & MAINTENANCE TOOL TRUNK CARRIER GIVE C.O. NAME OR SYSTEM TRUNK GROUP BETWEEN CENTRAL GIVE C.O. NAME OR SYSTEM OFFICES LAYOUT REFERENCE NUMBER OF CHANNELS IN THIS GROUP TOTAL COST OF EQUIPMENT FOR THIS GROUP TOTAL COST OF INSTALLATION FOR THIS GROUP SPARE PARTS & MAINTENANCE TOOL TEST EQUIPMENT SUBSCRIBER CARRIER CENTRAL OFFICE WHERE EQUIPMENT WILL BE INSTALLED NUMBER OF CHANNELS IN THIS CENTRAL OFFICE TOTAL COST OF EQUIP> FOR THIS CENTRAL OFFICE TOTAL COST OF INSTALLATION FOR THIS C.O. TOTAL COST FOR THIS C.O. PARE PARTS & MAINTENANCE TOOL TEST EQUIPMENT POINT-TO-POINT RADIO FACILITIES (Microwave) LOCATION BY CENTRAL OFFICE (Give name or syste layout reference) OR SITE IDENTIFICATION (Giv geographical location or system layout reference NUMBER OF VOICE TERMINALS AT THIS LOCATION MULTIPLEX TOTAL COST OF EQUIPMENT ACTIVE R.F. REPEATER BY ITEM PASSIVE REPEATER TOWER AND ANTENNA FOR THIS LOCATION AUXILIARY POWER TOTAL COST OF INSTALLATION FOR THIS LOCATION SPARE PARTS & MAINTENANCE TOOL LOCATION BY CENTRAL OFFICE (Give name of system layout reference) OR SITE IDENTIFICATION Give geographical location or system reference) NUMBER OF MOBILE AND FIXED STATIONS (Show only SINGLE CHANNEL UNITS MULTI-CHANNEL UNITS under associated base station location (List under only one base station location MOBILE STATIONS TOTAL COST OF EQUIPMENT BY THIS ITEM FOR THIS LOCATION FIXED SUBSCRIBER STATIONS RADIO BASE STATION DIAL CONTROL TERMINAL AUXILIARY POWER TOTAL COST OF INSTALLATION FOR THIS LOCATION TOTAL COST FOR THIS LOCATION PARE PARTS & MAINTENANCE TOOL TOTAL AMOUNT OF TAXES PAID BY CONTRACTOR. TOTAL AMOUNT OF TAXES PAID BY OWNER _ _ _ _ TOTAL COST OF THE PROJECT _