

# ASSET INFORMATION HANDOVER ACCEPTANCE CERTIFICATE

Project Name	
Project Number	
Contract Name	
Contract Number	
Purchase Order Number	
Contractor Company	

Location of Asset	Corridor	Mileage Range
	Location / Subdivision	
Asset Information Handover	Full	Partial
List of Asset/s, if applicable:		
Asset Information Deficiencies (Deficiency List to accompany this Certificate)	Not Applicable Conditional Acceptance	Date deficiencies are to be rectified by:

## Applicable Asset Owner(s) (to be completed by the Project Delivery Team)

1.		4.	
2.		5.	
3.		6.	

**Note:** One certificate is signed back from each applicable organizational department.

**Signed off by Project Delivery Team Project Manager**

Name	
Title	
Business Unit	
Signature	Date
Comments	

**Asset Owner:**

Asset Information Handover Acceptance Criteria (to be completed by Asset Owner Representative)					
No.	Asset Information	Accepted	Deficiencies	Comments	
1.	Asset documents required to support operation and maintenance of the assets have been handed over for processing to <b>EDRMS</b>	Yes	No Deficiencies		
		No	Deficiencies (Attached)		
2.	Asset data to allow maintenance of the asset, managing inventory, and whole life cost management has been handed over to create records in <b>EMMS</b>	Yes	No Deficiencies		
		No	Deficiencies (Attached)		
3.	Asset geospatial data to accurately visualize the asset location through the <b>EGIS</b> platform has been handed over	Yes	No Deficiencies		
		No	Deficiencies (Attached)		

**Signed off by the Asset Owner Representative of the applicable organizational department**

(Signature sections provided to accommodate more than one signatory)

Name		
Title		
Business Unit		
Signature	Date	
Comments		
Name		
Title		
Business Unit		
Signature	Date	
Comments		
Name		
Title		
Business Unit		
Signature	Date	
Comments		