

L.A. Care Community Supports Asthma Remediation Certificate of Completion

Member Information

First Name:* _____ Last Name:* _____
Member CIN:* _____ Date of Birth:* _____ Phone Number: * _____

Parent/Authorized Representative Information (If Applicable)

First Name: _____ Last Name: _____
Phone Number: _____ Title/Relationship: _____

This **Certificate of Completion** is issued to certify that _____
[Contractor/Vendor name], [Lic. # _____] has completed all of the work required,
located at _____ [Address], in accordance
with the terms and conditions of the contract.

The Contractor/Vendor has completed all of the work required by the contract and has met all of the
requirements for the project, including the following approved modifications:

This **Certificate of Completion** is issued as evidence to certify that the project is complete and that all
of the terms and conditions of the contract have been met.

Date of Final Completion:* _____

Signature of Contractor [wet or digital signature required]:* _____

Name of Owner:* _____

Signature of Owner [wet or digital signature required]:* _____