

State of Washington
Certification of Completion of Corrective Action

Agency Code: _____ Agency Title: _____

The following elements are REQUIRED for ALL certifications:	
Audit Report Number:	
Finding Number:	
Finding Title:	
Agency Resolution:	
Date Corrective Action Completed:	
Agency Contact: Name: Title: Address or Mailstop: Phone Number: Email:	

I certify that, to the best of my knowledge, the corrective action taken by the agency related to the above audit finding is appropriate to resolve the finding and has been completed.

Printed Name and Title of Agency Head or Assigned Designee

Signature

Date

Phone Number: _____ Email: _____

Email completed, signed certificate to: