

State of Washington  
**Certification of Completion of Corrective Action**

Agency Code: \_\_\_\_\_ Agency Title: \_\_\_\_\_

**The following elements are REQUIRED for ALL certifications:**

<b>Audit Report Number:</b>	
<b>Finding Number:</b>	
<b>Finding Title:</b>	
<b>Agency Resolution:</b>	
<b>Date Corrective Action Completed:</b>	
<b>Agency Contact:</b> 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: