



Coordinating Registered Professional

- Crossing Assurance Statement

For Bridges, Major Culverts and Other Engineered Structures

Site No:	Structure No:	Road Name & Kilometer:	Resource District:
Project/Contract No.:		Watercourse Name:	<input type="checkbox"/> Simple Crossing <input type="checkbox"/> Complex Crossing
Structure Type: <input type="checkbox"/> Bridge <input type="checkbox"/> Major Culvert <input type="checkbox"/> Other Engineered Structure			Was Field Welding or Grouting Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Project Covered by this Statement:			
Name of the Professional of Record who Prepared the General Arrangement Design:			
Name of the Professional of Record Responsible for Construction Field Reviews:			
Design Vehicle Loading (e.g. BCFS L-165, BCL-625):		Design Service Life (years):	
List of Approved Design/ Record Drawings, Specialist Reports, Bridge Material Fabrication Documentation, Design Aids & other Supporting Documentation – Drawing Number, Name, Revision Number, Date:			

This is to advise that I am the Coordinating Registered Professional and I am a:

- Engineering Professional (P.Eng., Eng. L.)*, registered with the Engineers and Geoscientists BC;
- Forest Professional (RPF, RFT, SP-LL)*, registered with the Association of British Columbia Forest Professionals (ABC FP)

I hereby give my assurance* that:

- I have undertaken or directed activities with sufficient oversight and supervision for the planning and coordination, or
- Due to exceptional circumstances described in the attached memorandum, I have reviewed all relevant documentation for this crossing project including deliverables from the professional services.

The planning and coordination of the crossing project has been performed to an acceptable standard: including planning, design and field reviews, and I have completed the work as required under the Legislation for my profession, the [Guidelines for Professional Services in the Forest Sector - Crossings](#)** as applicable to this project, and by good practice.

Name and Title of Coordinating Registered Professional (please print):		<i>(please affix professional seal, signature and date here)</i>
Company Name & Address (please print):		
Phone Number:	Email Address:	

* "Assurance" means that an Engineering Professional of Forest Professional as appropriate, has undertaken the design and/or field reviews, that in their professional judgement, are considered necessary to ascertain whether the significant aspects of the crossing project substantially comply in all material respects with the engineering concepts, or intent, reflected in the approved design drawings, specifications, and all applicable supporting engineering documents, including all revisions.

** For specific requirements refer to section 3.0 of the [Guidelines for Professional Services in the Forest Sector - Crossings](#).