TO OWNER:
UNIVERSITY OF WEST FLORIDA
BOARD OF TRUSTEES
11000 UNIVERSITY PARKWAY
PENSACOLA, FL 32514

FROM CONTRACTOR:

APPLICATION AND CERTIFICATION FOR PAYMENT

<table>
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<tr>
<th>TO OWNER:</th>
<th>UNIVERSITY OF WEST FLORIDA</th>
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<tbody>
<tr>
<td>OWNER</td>
<td>BOARD OF TRUSTEES</td>
</tr>
<tr>
<td>UWF PROJECT #:</td>
<td>11000 UNIVERSITY PARKWAY</td>
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<tr>
<td>PURCHASE ORDER #:</td>
<td>PENSACOLA, FL 32514</td>
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APPLICATION NO.:  Distribution:

PERIOD TO:

ARCHITECTURAL & ENGINEERING SERVICES

CONTRACT DATE:

The undersigned Contractor certifies that to the best of the Contractor's knowledge and belief, that all items and amounts shown on the face of this application are correct, that all work has been performed and material supplied in full accordance with the terms and conditions of the contract, and that all just and lawful bills against the undersigned and subcontractors for labor and equipment employed in the performance of this contract have been paid in full in accordance with their terms and conditions.

CONTRACTOR

By: ___________________________ Date: ___________________________

State of: ___________________________

Subscribed and sworn to before me this _____ day of ___________________________

Notary Public: ___________________________

My Commission Expires: ___________________________

CONSULTANT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Consultant certifies to the Owner that to the best of the Consultant's knowledge, information and belief the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

CONSULTANT:

By: ___________________________ Date: ___________________________

Signature

AMOUNT CERTIFIED: ___________________________

PROJECT MANAGER

DIRECTOR A&E SERVICES

BUSINESS MANAGER

ASSOC. VP FACILITIES SERVICES

PROCUREMENT & CONTRACTS

CHANGE ORDER SUMMARY

<table>
<thead>
<tr>
<th>CHANGE ORDER SUMMARY</th>
<th>ADDITIONS OR (DEDUCTIONS)</th>
</tr>
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<tr>
<td>Total changes approved in previous months</td>
<td>__________________________</td>
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<tr>
<td>Total approved this month</td>
<td>__________________________</td>
</tr>
<tr>
<td>NET CHANGES by Change Order to date</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

SIGNATURES

AECR3 Application and Certification for Payment

Revised: 12/03 Rev. 1