

CERTIFICATION OF WORK SERVICE CALL

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# _____ WO# _____

Description of Repairs

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: _____

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: _____ Date: _____

Signed:

E-Mail:



6318 Reisterstown Rd, Baltimore MD 21215
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amplocksmith@yahoo.com | ampmlock@yahoo.com

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MD 410.764.2001 | DC 202.595.9329 | VA 703-229-0099 CALL FOR 24-HR SERVICE AMPMLOCK.COM

Bill To:	
Attn:	
Phone:	
Billing Email:	

Name: MDO 19. C M. Mangrana
Job Location: 12001 Greenway
Ordered By: Owing Mills mo 21117
Work Location (Suite/Door)
Phone:

SERVICES PROVIDED

		WORK	ESTIMATE
Access Control	Card Reader		
	Biometric Reader		
	Access Software		
	Digital Keypad		
	Access Card		
	Access Key Fob		
	Intercom		
	Electronic Lock		
	Magnetic Lock		
Burglar Alarm	Alarm System		
	Motion Detector		
	Door Contact		
	Glass Break Detector		
	Smoke- Heat Detector		
	Cellular Back-up		
CCTV	Camera Color		
	Camera B/W		
	DVD-VCR Recorder		
	Multiplexers		
	Flat Panel Monitor		
Locks	Knob Lock		
	Lever Lock		
	Mortise Lock		
	Duplicate Key		
	Padlock		
	Deadbolt Lock		
	Sliding Door Lock		
	Exit Device		
High Security	ASSA		
	Medeco		
	Mul-T-Lock		
	Schlage Primus		
	Schlage Everest		
	Kaba Peaks		
Safes	Safe Sales New-Used		
	Combination Change		
	Safe Service		
	Safe Opening		
	Safe Delivery		
	Safe Moving		
Doors	Door & Frame		
	Metal		
	Wood		
	Aluminum		
	Pivot & Hinge		
	Door Closer		
Cars	Car Alarms		
	Car Remotes		
	Trunk Opening		
	Create Car Key		
	Key Duplication		
	Transponder Key		
	Car Door Lock Repair		
	Ignition Switch Repair		
	Ignition Switch Replacement		

PO NUMBER	TECHNICIAN	SERVICE CALL	COD	NET 10	NET 30	DATE
<i>B</i>	.					6-14-19
DESCRIPTION OF WORK						
QTY.						

I certify that I have the authority as owner or agent for the owner of the property to order the lock, key or security work designated above and to bind the owner under this contract. By signing below, I certify that the owner hereby does absolve, indemnify and hold the locksmith who bears this authorization harmless from any and all claims arising from the performance of such work. The owner is the party responsible for payment in full, and is subject to the terms and conditions printed on the reverse side. If the owner does not make timely payment, the agent shall make payment in full.

Subtotal

Parts & Labor

Tax

Total

Signature: *John*
Printed Name: *SSG Jeong Oh*

TAG# VIN#

CASH CREDIT BILL CHECK#

Credit Card #

Type _____ Exp. Date _____ / _____ / _____ I.D. _____

030528

OFFICE OF SERVICES ADMINISTRATOR
APPLIED
SECURITY VANTAGE
Mosler

SECURED



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