

### CERTIFICATION OF WORK

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

FACID/Building: DS 007

Date of Visit: 05/21/20

Contractor Personnel on Site:

- |                           |          |
|---------------------------|----------|
| 1. <u>Daryugh Gholian</u> | 4. _____ |
| 2. _____                  | 5. _____ |
| 3. _____                  | 6. _____ |

### Service Calls – Service Call Number and Description

- |                                 |                           |
|---------------------------------|---------------------------|
| 1. <u>CS # 24964</u>            | <u>WO# 12176</u>          |
| 2. <u>Trubell Shoor</u>         | <u>valve door contact</u> |
| 3. <u>check door contact on</u> | <u>valve door</u>         |

### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Daryugh Gholian Date: 05/21/20

Signed: Daryugh Gholian

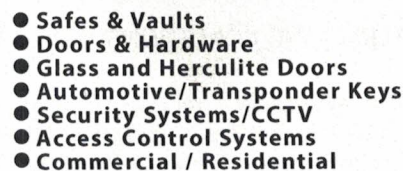
To be signed by Facility Manager:

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: Maurice Bishop / SGT Date: 05/21/2020

Signed: Maurice Bishop

E-Mail: maurice.no.bishop@mil @ mail.mil



MD 410.764.2001 | DC 202.595.9329 | VA 703-229-0099 CALL FOR 24-HR SERVICE [AMPMLOCK.COM](http://AMPMLOCK.COM)

Name:	Dee 007 Tide water
Job Location:	1001 Ogletown Rd 19711
Ordered By:	
Work Location (Suite/Door)	
Phone:	

PO NUMBER	TECHNICIAN	SERVICE CALL	COD	NET 10	NET 30	DATE
	DAM					5/21/20

QTY.	DESCRIPTION OF WORK	PARTS	LABOR
1	SLU		
1	Estimate # 30049		
	Takaki 8000 door sensor		

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.

Signature: 

Printed Name: \_\_\_\_\_

TAG# \_\_\_\_\_ VIN# \_\_\_\_\_

☐ CASH   ☐ CREDIT   ☐ BILL   ☐ CHECK#

Credit Card # \_\_\_\_\_

Type \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ I.D. \_\_\_\_\_

Subtotal

### Parts & Labor

Tax

Total

501666











SENTROL®



0127835





ASSEMBLED  
IN MEXICO

SECURITY 2707A-L  
10 320  
150  
UL LISTED  
UL LISTED 604S

High security switch.  
Level 1

100 FT C50







