CERTIFICATION OF WORK

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

FACID/Building: MD002 Date of Visit: 10/6 - 10/13

Contractor Personnel on Site:

1. Bruce Oliver
2. Oscar Mendez
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Cleaned & sealed approx. 1000 sq ft, applied 3 coats on roof
2. _____
3. _____

WO # 15002 CSS # 32282

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bruce Oliver Date: 10/13/2021

Signed: _____

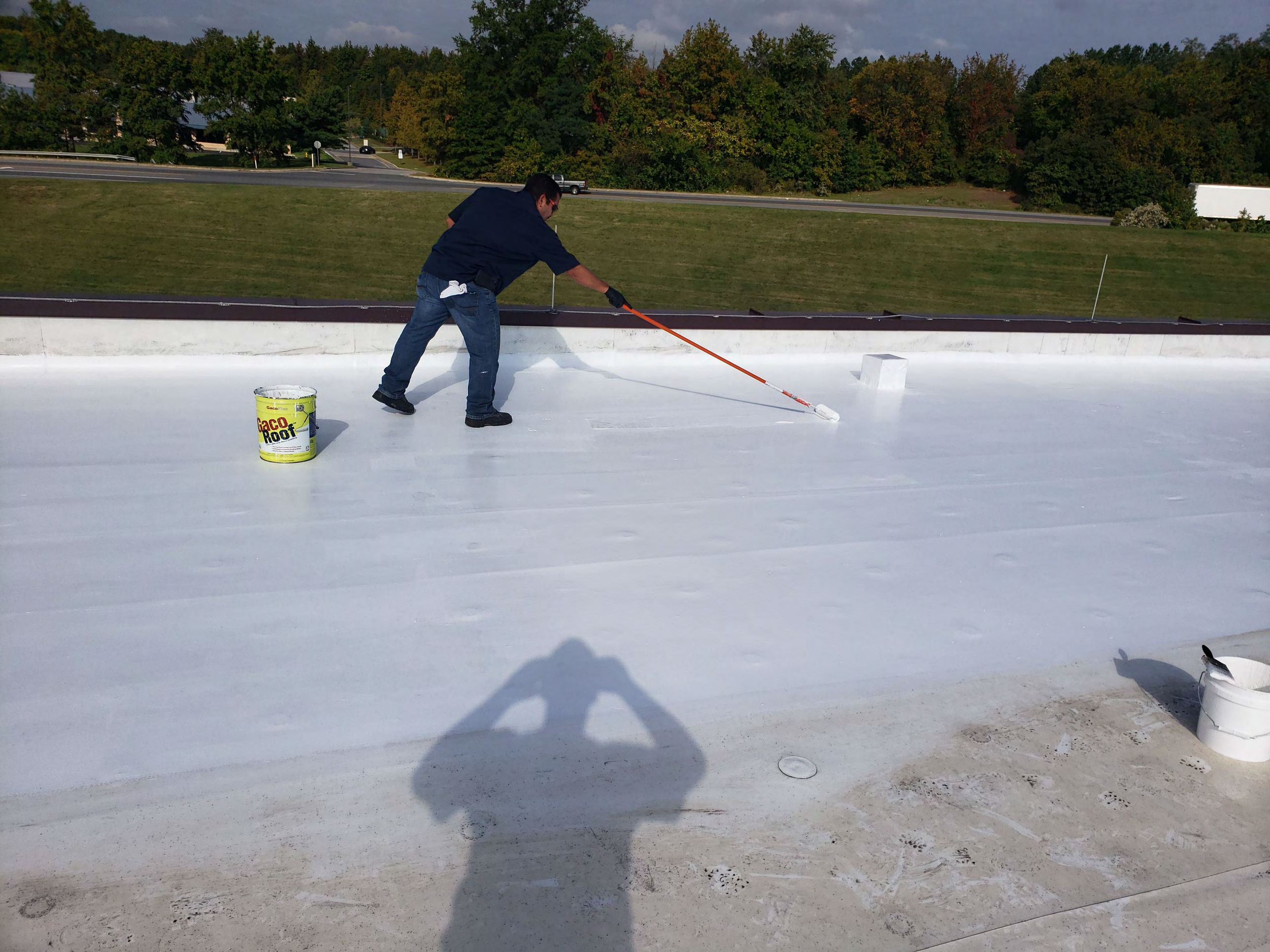
To be signed by Facility Manager:

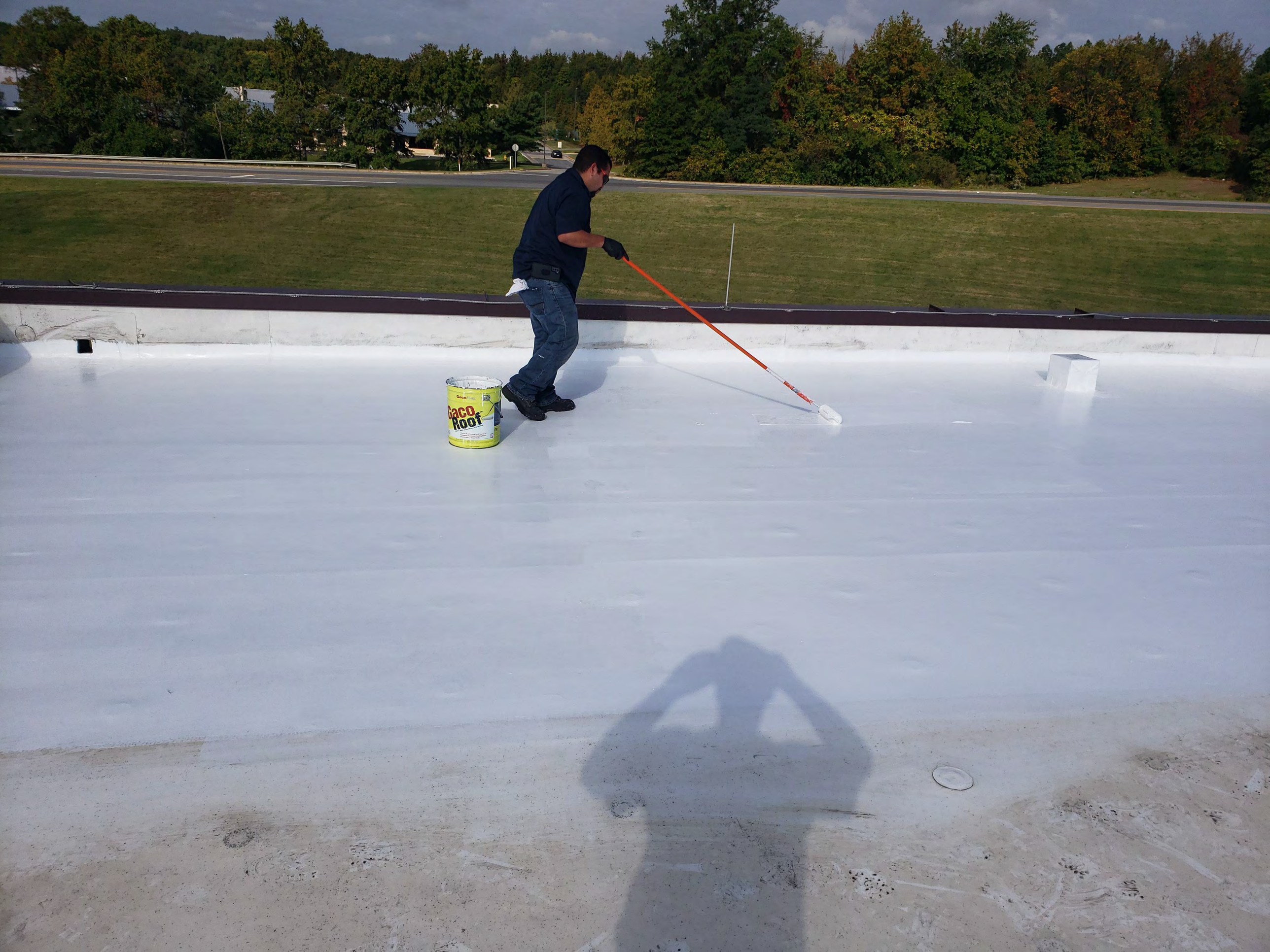
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: C Huebler AFOS Date: 20211018

Signed: ChristopherTHuebler

E-Mail: _____


Gaco
Roof


GacoFlex
Gaco Roof