

ATTACHMENT J-0200000-05  
FORMS

Over and Above Repair Work – Order Number and Description of Work Completed

Repair 2 Lock- Room 2020A + 2020B

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Craig Wesse

Date:

11/13/19

Signed:

Craig Wesse

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank:

Louis Corbo

AFOS

Date:

11/13/19

Signed:

Louis Corbo

E-Mail: louis.a.corbo.ctr@mail.mil

