

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

FACID/Building: W/27 Bldg 122 Bldg Date of Visit: 7/25
 Location Address: FT 10006

Contractor Personnel on Site:
JOHN STEPHAN

Work Performed: ADD REPAIR OF FINE LINE FOR 10006
 Service Calls - PO/CSSA: 25194262 4023872 601000-1246

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN STEPHAN Date: 7/25
 Signed: [Signature]

To be signed by Facility Manager:
 I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: LOUIS GERRARD Date: 25 JULY 2023
 Signed: [Signature]
 Email: LOUIS.GERRARD@AFM.mil

