

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

FACID/Building: WPS Phase 2A L&D Date of Visit: 8/24/12  
 Location Address: FT TSON

Contractor Personnel on Site:  
DAVE TERRY JAMES TAYLOR

Work Performed: REPAIR DAMAGED WIRE TIE (PHASE 2A) L&D  
 Service Calls - PO/CSS# CSF 54226 UNOT3338 PO/POCN 1077

Please take pictures and send with quote

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:  
 Print Name: JOHN W. TAYLOR Date: 8/24/12  
 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 C. GORDON Date: JUNE 24, 2012  
 Signed: [Signature]  
 Email: LOUIS.C.GORDON@ARMY.MIL

