

CERTIFICATION OF WORK

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

FACID/Building: NY23 GMS

Date of Visit: 7/7/4

Location Address: PT TOTTEN NY

Contractor Personnel on Site:

PAUL

Work Performed: REPLACE CONTACT MOUNT + BREAKER IN COIL UNIT

Service Calls - PO/CSS#

CSS 30027

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WOHM

Date: 7/7/4

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 CORBO AFOS

Date: 8 JULY 2004

Signed: [Signature]

Email: LOUIS.A.CORBO-CTA@MAIL.MIL

