

CERTIFICATION OF WORK

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

FACID/Building: NY 23 AMSA DAY 11

Date of Visit: 6/30

Location Address: PT TOTEN

Contractor Personnel on Site:

STEVEN & SAM

Work Performed: REPAIR ROTARY LINE ON COIL UNIT

Service Calls – PO/CSS#

CSS 31220 UNO 13985

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WOLFE

Date: 6/30/21

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: 30 JUNE 2021

Signed: [Signature]

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

