

CERTIFICATION OF WORK

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

FACID/Building: NY 23 PMS 206

Date of Visit: 9/4/24

Location Address: PO TOTTEN NY

Contractor Personnel on Site:

TERO PAUL JAMES

Work Performed: REPAIR GATE VEC 206 LOT

Service Calls – PO/CSS#

CSS 30716 WO 14814

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN NOHAK

Date: 9/2/24

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 CORRO AFOS Date: _____

Signed: [Signature]

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

