

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

FACID Building: NY 13 MAIN LANE Date of Visit: 10/1/14
Location Address: 64 107th ST

Contractor Personnel on Site:
THO FAN JENG

Work Performed: REPAIR DATE LOOP
Service Calls - POCSIS
ESS 9260 NY 1072

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:
Print Name: THO FAN JENG Date: 10/1/14
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 SANCOS ARRI Date: 13 OCT 2014
Signed: [Signature]
Email: LOUIS.A.SANCOS-ARRI@mta.com

