

CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>NY 22 Bldg 206</u>	Date of Visit: <u>12/6/21</u>
Location Address: <u>ET FOTTER AVE</u>	
Contractor Personnel on Site:	
<u>Anthony</u>	
Work Performed: <u>TREAT Blaster Micc /mice</u>	
Service Calls – PO/CSS# <u>CCC 33497 WO 15540</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>John Wolna</u>	Date: <u>12/6/21</u>
Signed: <u>John</u>	
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank: <u>Louis Corbo AFOS</u>	Date: <u>6 Nov 2021</u>
Signed: <u>Louis Corbo</u>	
Email: <u>Louis.A.Corbo-CTn@mail.mil</u>	

