

CERTIFICATION OF WORK (To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>NK2 MFL LOT</u>	Date of Visit: <u>1/17/22</u>
Location Address: <u>ET TOW</u>	
Contractor Personnel on Site: <u>PAUL, JAMES</u>	
Work Performed: <u>REPAIR MFL LOT GATE</u>	
Service Calls - PO/CSH <u>87767</u> WO <u>15580</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>JOHN WOHNE</u>	Date: <u>1/17/22</u>
Signed: _____	
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank: <u>LARRY CANNON AFO</u>	Date: <u>12 JAN 2022</u>
Signed: _____	
Email: <u>LARRY.CANNON@STO.MA.NI</u>	

