

CERTIFICATION OF WORK

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

FACID/Building: NYT Bay 122 Date of Visit: 20 Jan 22

Location Address: FT Totten NY

Contractor Personnel on Site:

John Steen

Work Performed: Remove Amp on Diner etc.

Service Calls – PO/CSS#

CS 73781 NO 1503

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Steen

Date: 1/20/22

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 Corso AFOS Date: 18 Jan 2022

Signed: [Signature]

Email: Louis.A.Corso.CTR@mail.mil

