

CERTIFICATION OF WORK

[To be completed by the Contractor and used in the Contractor's CMMS]

Facility Building # 125 Date of Visit 3/1/22

Location Address 200 BAYVIEW RD, L1889 - 1002

Contractor Personnel on Site: TONY CARRERA (Armore Universal)

Work Performed: _____

Service Call# - POCSSO # 1-17184016 (Fire Alarm)

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Anthony F. Vercetti Date: 3/1/22

Signed: [Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site:

Print Name (s): Louis Carrozza, POCSSO Date: 3-1-22

Signed: [Signature]

Email: Louis@ArmoreUniversal.com

