

| CERTIFICATION OF WORK   |                              |
|---|------------------------------|
| (To be completed by the Contractor and saved in the Contractor's CMMS)                  |                              |
| FACID/Building: <u>NY23 Bldg 200</u>  | Date of Visit: <u>8/4/22</u> |
| Location Address: <u>FT TOTTEN MN</u>   |                              |
| Contractor Personnel on Site:   |                              |
| <u>TITO, TITO</u>   |                              |
| Work Performed: <u>REPAIR UPPER LOT GATE</u>  |                              |
| Service Calls – PO/CSS# <u>CS5 81621</u>  |                              |
| Please take pictures and send with quote  |                              |
| CERTIFICATION OF WORK   |                              |
| To be signed by the Contractor:   |                              |
| Print Name: <u>TRINN MULLER</u>   | Date: <u>8/4/22</u>          |
| Signed: <u>[Signature]</u>  |                              |
| To be signed by Facility Manager:   |                              |
| I certify that the above named individuals representing the Contractor arrived on site. |                              |
| Print Name/Rank: <u>Lewis Corrado RIOS</u>  | Date: <u></u>                |
| Signed: <u>[Signature]</u>  |                              |
| Email: <u>Lewis.19.CORRADO.CIV@MILITARY.MIL</u>   |                              |

