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| CERTIFICATION OF WORK<br>(To be completed by the Contractor and saved in the Contractor's CMMS)                              |                                |
| FACID/Building: <u>NY29 BLDG 1W</u>  | Date of Visit: <u>8 Feb 20</u> |
| Location Address: <u>ET TO PEN NY</u>  |                                |
| Contractor Personnel on Site:<br><u>Tim, ANTHONY</u>   |                                |
| Work Performed: <u>REPAIR MULINEON VENT FAN ON SITE AT A VENT</u>  |                                |
| Service Calls - POCSIS#<br><u>6119070 NO 20192</u>   |                                |
| Please take pictures and send with quote   |                                |
| CERTIFICATION OF WORK  |                                |
| To be signed by the Contractor:  |                                |
| Print Name: <u>JOHN WOLFE</u>  | Date: <u>10 Feb 20</u>         |
| Signed: <u>[Signature]</u>   |                                |
| To be signed by Facility Manager:<br>I certify that the above named individuals representing the Contractor arrived on site. |                                |
| Print Name/Rank: <u>PETER LANTO AFSC</u>   | Date: <u>Feb 2020 10, 2020</u> |
| Signed: <u>[Signature]</u>   |                                |
| Email: <u>PETER.L.LANTO.CF.GRSY.MIL</u>  |                                |

