

CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>N129 Bldg 330A</u>	Date of Visit: <u>11/15/24</u>
Location Address: <u>ST TOTTEN</u>	
Contractor Personnel on Site: <u>PAUL, PHILIP</u>	
Work Performed: <u>REPAIR RAISINS (WIND) 9609 330A</u>	
Service Calls - PO/CSS# <u>05890605 W015705</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>JOHN WILSON</u>	Date: <u>11/15/24</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>LAURENCE GAGNON RFS</u>	Date: <u>NOVEMBER 15, 2024</u>
Signed: _____	
Email: <u>LAURENCE.GAGNON.CIV@RCMP.MA.1</u>	

