

CERTIFICATION OF WORK

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

FACID/Building: NY23 BLDG 206

Date of Visit: 12/1/22

Location Address: FT TOTTEN NY

Contractor Personnel on Site:

FRANK PAUL

Work Performed: PAINTING + REPAIRING WALLS RN 206

Service Calls - PO/CSS#

CSS90684 WO 197A

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WILSON

Signed: [Signature]

Date: 12/1/22

To be signed by Facility Manager:

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

Print Name/Rank: LOUIS CRAWFORD RFO S Date: 1 December 2022

Signed: [Signature]

Email: LOUIS - A - CRAWFORD.CIV@AFMAY.mil

