

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

FACID/Building: AP 23 Bldg 300 C4110 Date of Visit: 12/8/24
 Location Address: 62 ROUTE 101

Contractor Personnel on Site:
1046, 1550

Work Performed: Remove Condensate, Piping
 Service Calls - PO/CSS#
24C 90426 WD 70154

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:
 Print Name: John W. Wagoner Date: 12/16/24
 Signed: [Signature]

To be signed by Facility Manager:
 I certify that the above named individuals representing the Contractor arrived on site.
 Print Name/Rank: Lance Canada PFS Date: December 12, 2024
 Signed: [Signature]
 Email: Lance.CCanada@BAAI.mil

