

CERTIFICATION OF WORK

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

FACID/Building: NY 13 1913 370A

Date of Visit: 1/25/23

Location Address: FT TOTTEN NY

Contractor Personnel on Site:

STEPHEN J. LARSON

Work Performed: REPAIR NATION 120103

Service Calls - PO/CSS#

CS 91518 NO 20626

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN W. LARSON

Date: 1/25/23

Signed: [Signature]

To be signed by Facility Manager:

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

Print Name/Rank: PETER LOMITO AFOS

Date: JANUARY 26, 2023

Signed: [Signature]

Email: PETER.D.LOMITO.CTR@ARMY.MIL

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