

CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>NYS DEC 125</u>	Date of Visit: <u>3/14/23</u>
Location Address: <u>RT 600m NY</u>	
Contractor Personnel on Site: <u>FINDA, PAUL</u>	
Work Performed: <u>REPAIR FRONT DOOR</u>	
Service Calls - PO/CSS# <u>615920P WD 21443</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>JOHN WILLIAMS</u>	Date: <u>3/14/23</u>
Signed: <u>[Signature]</u>	
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank: <u>PETER LOMITO AFCS</u>	Date: <u>MARCH 14, 2023</u>
Signed: <u>[Signature]</u>	
Email: <u>PETER.D.LOMITO.CTR@ARMY.MIL</u>	

