

CERTIFICATION OF WORK	
[To be completed by the Contractor and saved in the Contractor's CMAS]	
FACID/Building: <u>NY 25 Bldg 70</u>	Date of Visit: <u>4/26/17</u>
Location Address: <u>FT Totten NY</u>	
Contractor Personnel on Site:	
<u>REGGIE, MFLC</u>	
Work Performed: <u>REPLACE CAST IRON RADIATOR 024204</u>	
Service Calls - POCSSS	
<u>1119709 02 21 144</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>TO RIVER INDUSTRIES</u>	Date: <u>4/26/17</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 J. CARLUCCIO, JR.</u>	Date: <u>APRIL 26, 2017</u>
Signed: <u>[Signature]</u>	
Email: <u>PETER.J.CARLUCCIO.CTR.GOV.MIL</u>	

