



CERTIFICATION OF WORK (To be completed by the Contractor and saved in the Contractor's CMS)	
FACID/Building: <u>1830 ADA 100</u>	Date of Visit: <u>5/2</u>
Location Address: <u>FT. BAYVIEW</u>	
Contractor Personnel on Site: <u>FROST, PAUL</u>	
Work Performed: <u>REPAIR PAINT WORK, TAPING NEW PAINT</u>	
Service Calls - <u>POC388</u>	
<u>610957</u> and <u>77116</u> PO 10004 JCSF	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>PAUL FROST</u>	Date: <u>5/2/13</u>
Signed: <u>[Signature]</u>	
To be signed by Facility Manager:	
Identify that the above named individuals representing the Contractor arrived on site.	
Print Name/Title: <u>PETER D. CARLITA, SPS</u>	Date: <u>May 2, 2013</u>
Signed: <u>[Signature]</u>	
Email: <u>PETER.D.CARLITA@CERAMAX-MIL</u>	