

CERTIFICATION OF WORK

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

FACID/Building: NR 23 BLDG 206 Date of Visit: 7/20

Location Address: FT TOTTEN MD

Contractor Personnel on Site:

TFTO, Rosen

Work Performed: REPAIRS UPPER PARKING LOT GATE

Service Calls – PO/CSS#

CIS 931 WO 17654

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Wallace

Date: 7/22/20

Signed: John Wallace

To be signed by Facility Manager:

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

Print Name/Rank: Lewis Canizo RFo S Date: 22 July 22

Signed: Lewis Canizo

Email: Lewis-19-CANIZO.CIV@MARY.MIL







