



CERTIFICATION OF WORK (To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building:	1429 Army 3rd Fl 707
Location Address:	FT TOTTEN NY
Contractor Personnel on Site:	<i>Peter</i>
Work Performed:	<i>UPGRADE DUALX OUTLET</i>
Service Calls - PO/CSS#	<i>115 17476 DO 22148 PO 10001-1035</i>
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name:	<i>JOHN WOHN</i>
Signed:	<i>John</i>
Date:	<i>5/17/13</i>
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank:	<i>PETER COMITO AFAS</i>
Signed:	<i>Peter Comito</i>
Date:	<i>MAI 17, 2013</i>
Email:	<i>PETER.D.COMITO.CT@ARMY.MIL</i>