

CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building:	NYSC Front Gate
	Date of Visit:
Location Address:	SPONHARSH NY
Contractor Personnel on Site:	
<u>TERO, PAUL</u>	
Work Performed: REPAIR Front GATE	
Service Calls – PO/CSS#	
<u>05165 WO 17192</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name:	<u>TERO, PAUL</u>
	Date:
Signed:	<u>Paul</u>
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank:	<u>Louis Casiano Rios</u>
	Date:
Signed:	<u>Louis Casiano Rios</u>
Email:	<u>Louis.9.Casiano.CIV@Army.mil</u>

