

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

FACID/Building: NY58 NY58 DIA Date of Visit: 11/17 11/18

Location Address: 1525 WASH BLVD

Contractor Personnel on Site:
Bob Allen GARR

Work Performed: CHANGE OVER A/C TO HEAT

Service Calls - PO/CSS# CSI 77039 W075799

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WARR Date: 11/18/18

Signed: [Signature]

To be signed by Facility Manager:

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

Print Name/Rank: LOUIS CORRO AFOS Date: 12 NOV 2011

Signed: [Signature]

Email: LOUIS-A. CORRO-CTA@MAIL.MIL

