

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

FacID/Building: 8753 0109 201 Date of Visit: 4/11/13
 Location Address: FT Totten

Contractor Personnel on Site:
Edwin, 2001

Work Performed: Reinstalling Camera Work Room
 Service Calls - POCS88
655 57088 No 31716

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:
 Print Name: Edwin 2001 Date: 4/10/13
 Signed: [Signature]

To be signed by Facility Manager:
 I certify that the above named individuals representing the Contractor arrived on site.
 Print Name/Rate: Peter D. Lento 2003 Date: April 10, 2013
 Signed: [Signature]
 Email: PETER.D.LENTO@CREARMY.MIL

