

ATTACHMENT J-0200000-05
FORMS

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Postulka Date: 10-05-2021

Signed: 

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: JAMES JOHNSON AFOS Date: 11-08-21

Signed: 

E-Mail: james.m.johnson.ctr@mail.mil