

DWTSAR, LLC dba Atlas Ship Repair dba DLP Repair
CERTIFICATE OF COMPLETION

Signed Certificate of Completion must be submitted with all invoices for subcontractor performed work.

PO # _____ Line # _____ Date Submitted _____

Ship Name: _____

Work Item #: _____ Title _____

Subcontractor: _____

% of Work Complete: _____

Notes: _____

DWTSAR, LLC INTERNAL USE ONLY

Project Manager Name/Date: _____

Project Manager Signature: _____

QA Signature required for 100% completion only.

QA Department Signature: _____

QA Representative Name / Date: _____