



**THE CITY OF NEW YORK**  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg  
*Mayor*

Thomas R. Frieden, M.D., M.P.H.  
*Commissioner*

[nyc.gov/health](http://nyc.gov/health)

# **Application for Waiver**

## **The New York State Clean Indoor Air Act**

**THE FOLLOWING APPLICATION AND DOCUMENTATION ARE  
REQUIRED TO APPLY FOR A WAIVER UNDER ARTICLE 13-E OF THE  
NEW YORK STATE PUBLIC HEALTH LAW WITHIN NEW YORK CITY**

Article 13-E of the New York State Public Health Law, commonly known as the Clean Indoor Air Act (CIAA), Section 1399-u, authorizes the Commissioner of the New York City Department of Health and Mental Hygiene (DOHMH) to waive provisions of the CIAA. The NYC Smoke-Free Air Act (SFAA), Chapter 5, Title 17 of the New York City Administrative Code as amended in December 2002, has no provisions for waivers. Only entities that would have qualified for an exemption or exception under the SFAA prior to the passage of the CIAA may apply for a waiver pursuant to the CIAA.

Section 1399-u of the CIAA as stated below allows an applicant to request a waiver for reasons of undue financial hardship and/or if conditions exist which make compliance with the law unreasonable.

**§1399-u. Waiver.**

- 1. The enforcement officer may grant a waiver from the application of a specific provision of this article, provided that prior to the granting of any such waiver the applicant for a waiver shall establish that:**
  - (a) Compliance with a specific provision of this article would cause undue financial hardship; or**
  - (b) Other factors exist which would render compliance unreasonable.**
  
- 2. Every waiver granted shall be subject to such conditions or restrictions as may be necessary to minimize the adverse effects of the waiver upon persons subject to an involuntary exposure to second-hand smoke and to ensure that the waiver is consistent with the general purpose of this article.**

## **INSTRUCTIONS**

***The following submission guidelines and documentation requirements are for all applicants requesting a waiver:***

- Please type or print clearly in ink all information that you provide as part of the application package.
- The name of the applicant or entity must be the same on all supporting documentation submitted.
- The application must be completed and signed where indicated.
- If the applicant is not applying in person, the person applying on the applicant's behalf must present a power of attorney on either a standard legal form or an affidavit form provided by the DOHMH.
- The applicant or person holding power of attorney must present one acceptable form of his/her photo identification as detailed below (in the absence of the applicant's photo identification). A copy of **one** of the following is required:
  - Driver's license with photo or DMV Non-Driver ID card
  - Alien Registration Card or Naturalization Certificate with photo ID
  - U.S. or foreign passport with photo ID
  - U.S. government agency-issued photo ID
- Except where noted, please provide original documentation, no copies or faxes will be accepted.

### **Section A. Eligibility Criteria:**

**NO WAIVER APPLICATION WILL BE CONSIDERED IF THE FOLLOWING CRITERIA ARE NOT MET. .**

1) ALL establishments applying for a waiver must:

- (a) Have been legally in business at least one year before and one year after July 24, 2003.
  - Legally in business, for the purposes of this application, means the establishment has obtained all licenses, permits and/or registrations required by New York City law for that particular type of establishment; specifically, a permit for operating a Food Service Establishment is required if the establishment is providing the public with ready to eat food or beverages.
- (b) Be eligible for an exemption or exception under the New York City Smoke-Free Air Act of 2002 and meet all other criteria for such establishments as delineated in Chapter 10 of Title 24 of the Rules of the City of New York. Such entities include:
  - Owner operated bars
  - Bars with separate smoking rooms (expires January 1, 2006)
  - Certain health care facilities

- 2) Any establishment that requires a DOHMH permit must have been in business and permitted by DOHMH at least one year prior to July 24, 2003 and possess a current valid permit at the time of application.
  - The length of time a Food Service Establishment has been in business will be calculated from the date of application for permit to the NYC DOHMH as indicated in the Department's records.

## **Section B. Application Guidelines.**

### **GENERAL REQUIREMENTS:**

- 1) Applications for waivers are to be typed or printed using blue or black ink on the standard forms provided by the Department of Health and Mental Hygiene.
- 2) A completed Waiver Application Form. – **See Attachment #1**
- 3) A completed Waiver Data Sheet. – **See Attachment #2** - The applicant's name and address must be the same and provided on all supporting documents
- 4) All waiver requests must include a response to each of the following items:
  - (a) The specific section(s) of the Clean Indoor Air Act requested to be waived.
  - (b) A description of conditions and/or restrictions that will be implemented by the facility to minimize the adverse effects of the waiver upon persons subject to an involuntary exposure to second-hand smoke and assurance that the waiver is consistent with the general purpose of the CIAA, SFAA and Commissioner's Rules
  - (c) An explanation of conditions or restrictions that will deal with the following issues:
    - (1) Smoking areas must be located away from the general traffic patterns of travel to and from the establishment, food prep areas and the restrooms.
    - (2) Smoking/non-smoking areas are physically separated and/or utilize special mechanical ventilation systems and must be located in such a manner to avoid second-hand smoke exposure to non-smokers.
    - (3) Smoking/non-smoking area signs must be conspicuously posted.
    - (4) Specific actions to be taken to eliminate second-hand smoke in areas where smoking is prohibited.
  - (d) Documentation that all current and future employees have been and will be notified in writing that the organization is applying for a waiver and of the possibility that they may be exposed to second-hand smoke.
  - (e) Documentation that all current and future employees have been and will be provided with an acceptable smoking policy that includes an additional "employee clause" requiring that any employee who is subjected to working in an area(s) where smoking may be allowed, due to the granting of this waiver, will be excluded from working in said area(s)

without reprisal or other negative consequence in relation to his/her employment, upon the employee's written request.

**Note:** This requirement is not negotiable and non-compliance will result in termination of the waiver. The SFAA provides that no employer shall take retaliatory adverse personnel action against employees or applicants for employment exercising their rights under the law, and confers on employers some other requirements regarding their employees and the law. Applicants for waivers are expected to be familiar with the SFAA and especially Section 17-504. Applications must demonstrate that there are no viable alternatives to compliance.

**REQUIREMENTS FOR CLAIMING UNDUE FINANCIAL HARDSHIP:**

- 1) You may claim an undue financial hardship due to loss of revenue if documentation provided demonstrates that the facility, subsequent to the effective dates of the SFAA and CIAA, has experienced an uncharacteristic and dramatic reduction in state sales tax receipts from the sale of food and beverages.
  - (a) You must submit the following financial documentation indicating an undue financial hardship:
    - (1) Bookkeeping records for a period of no fewer than twelve (12) consecutive months during which the facility has operated smoke-free as compared to the combined average of such receipts during the same twelve (12) month period in the two (2) years immediately prior to smoke-free operation.
    - (2) Exact copies of the signed Federal tax statements and State sales tax statements that were submitted by the operator to the Internal Revenue Service and to the Department of Taxation and Finance to support the operator's contention that the facility has experienced an uncharacteristic and dramatic reduction in state sales tax receipts from the sale of food and beverages as described in item (1) above.
  - (b) Other documentation required:
    - (1) A description of all efforts made to operate the facility with a smoke-free environment;
    - (2) Evidence that demonstrates the facility's purported reduction in State sales tax receipts from the sale of food and beverages is not due to factors other than the presence of a smoke-free environment. Such documentation must address and include, but is not be limited to evidence that:
      - (i) The facility operated during the same number of hours and the same number of days for the twelve-month smoke-free period as compared to one year prior to July 24, 2003;
      - (ii) The facility was open on the same high-business days, such as holidays, as the previous year;

- (iii) There were no significant changes in competition or working conditions (e.g., extreme adverse weather, a strike, or prolonged construction near or adjacent to the establishment) within a radius of a half-mile from the establishment from July 24, 2003 through time of this application;
- (iv) The menu, key personnel, theme or intended audience has not changed since July 24, 2003; and
- (v) There have been no changes in facility maintenance and construction.

**REQUIREMENTS FOR CLAIMING CONDITIONS EXIST THAT MAKE COMPLIANCE WITH THE CIAA UNREASONABLE:**

**You must provide evidence demonstrating that specific safety, security or other factors or other factors make compliance unreasonable.**

1) Safety or Security Factors Exist that Would Make Compliance Unreasonable:

- (a) The operator of the facility must demonstrate, through documentation, that compliance with the law will jeopardize the safety and/or security of facility staff, patrons or others.
- (b) A waiver application based on safety or security factors should contain the following:
  - (1) The specific provision from which the applicant seeks a waiver;
  - (2) A description of all efforts made to operate the facility safely or securely as a smoke-free environment;
  - (3) A complete description of how the specific provision from which the applicant seeks a waiver caused or contributed to, or will cause or contribute to, safety or security concerns;
  - (4) Steps that will be taken to mitigate employees' and the public's exposure to second-hand smoke should a waiver be granted.

2) Other Factors Would Make Compliance Unreasonable:

- (a) The operator of the facility must demonstrate through documentation that factors other than safety, security or financial hardship would make compliance with a specific provision of the CIAA unreasonable.
- 3) A waiver application based on factors other than safety, security or financial hardship that would make compliance with a specific provision of the CIAA unreasonable should contain a description of all efforts made to operate the facility as a smoke-free environment.

**Section C. Other Required Documentation:****COMMERCIAL CORPORATIONS OR LIMITED LIABILITY COMPANIES (LLC):**

- 1) New York State Certificate of Authority to Collect Sales Tax **and** Proof of federal EIN. The address on the NYS Certificate of Authority must match the site address of the establishment.
- 2) Proof of Incorporation (**ALL** of the following items are required):
  - (a) Filing Receipt **or** Authority to Conduct Business, issued by NYS Secretary of State (original or photocopy showing blue watermark seal is acceptable).
  - (b) Corporate resolution **or** minutes of most recent annual meeting, listing the current principal officers of the corporation and dated no earlier than one year preceding the date of application.
- 3) Photo identification; **one** of the following is required for one of the corporation's officers, directors, or members (LLC); or the representative submitting the application:
  - (a) Driver's license with photo or DMV Non-Driver ID Card
  - (b) Alien Registration or Naturalization Certificate with photo ID
  - (c) U.S. or foreign passport with photo ID
  - (d) U.S. government agency issued photo ID
- 4) A copy of the current New York State Liquor Authority License (if alcoholic beverages are sold). The license must match the site address of the establishment and be in the name of corporation or company.

**PARTNERSHIPS AND LIMITED LIABILITY PARTNERSHIPS (LLP):**

- 1) Business Certificate of Partnership.
- 2) New York State Certificate of Authority to Collect Sales Tax **and** Proof of federal EIN. Address on NYS Certificate of Authority MUST match the site address of the establishment.
- 3) Photo identification for a managing partner or the representative submitting the application. A copy of **one** of the following is required:
  - (a) Driver's license with photo or DMV Non-Driver ID Card
  - (b) Alien Registration or Naturalization Certificate with photo ID
  - (c) U.S. or foreign passport with photo ID
- 4) U.S. government agency issued photo ID
- 5) A copy of the current New York State Liquor Authority License (if alcoholic beverages are sold). The license must match the site address of the establishment and be in the name of either the company or a principal partner.
- 6) Current partnership agreement.

**INDIVIDUAL OWNERS:**

- 1) Business Certificate of Ownership (and d/b/a, if applicable).
- 2) Photo identification of the individual applicant or any representative with power of attorney. A copy of one of the following is required:
  - (a) Driver's license with photo or DMV Non-Driver ID card
  - (b) Alien Registration Card or Naturalization Certificate with photo ID
  - (c) U.S. or foreign passport with photo ID
  - (d) U.S. government agency-issued photo ID
- 3) New York State Certificate of Authority to Collect Sales Tax **and** proof of federal EIN. The address on the New York State Certificate of Authority must match the site address of the establishment.
- 4) A copy of the current New York State Liquor Authority License (if alcoholic beverages are sold). The license must match the site address of the establishment and be in the name of the individual owner.

**NOT-FOR-PROFIT ORGANIZATIONS:**

- 1) Documentation required for corporations, LLC, partnership, LLP or individual owner, as applicable.
- 2) Photo identification of the individual applicant or any representative with power of attorney. A copy of one of the following is required:
  - (a) Driver's license with photo or DMV Non-Driver ID card
  - (b) Alien Registration Card or Naturalization Certificate with photo ID
  - (c) U.S. or foreign passport with photo ID
  - (d) U.S. government agency-issued photo ID
- 3) New York State Certificate of Authority to Collect Sales Tax, if any, **and** proof of federal EIN: The address on the New York State Certificate of Authority must match the site address of the establishment.
- 4) Proof of federal tax exemption (IRS letter granting exemption containing section pursuant to which it was granted.)
- 5) A copy of the current New York State Liquor Authority License (if alcoholic beverages sold). The license must match the address of the establishment site and be in the name of the individual owner.
- 6) A copy of the organization's certificate of incorporation, stamped by the Secretary of State (original or photocopy showing blue watermark seal is acceptable).

- 7) A copy of the organization's bylaws and governing rules and/or policies. If no bylaws, then any other document describing the organization's main purpose and governing structure.
- 8) Proof of registration with the State Attorney General as a charitable or philanthropic organization.

### **Section D. Causes for Termination of a Waiver:**

The following are conditions that will automatically terminate the waiver, whether specifically indicated on the waiver or not:

- 1) Change of ownership or location of establishment without notifying DOHMH.
- 2) One calendar year has passed from the date of approval of the waiver without renewal.  
Note: Renewals are not automatic and a new waiver application, complete in all respects, must be submitted at or prior to the expiration of one year from the granting of the prior waiver.
- 3) Failure to maintain any stated condition of the written waiver.
- 4) Failure to allow any employee assigned to work in an area where smoking is permitted due to the granting of a waiver to work in a smoke-free area upon request, or retaliation against any such employee.
- 5) Failure to maintain your establishment in compliance with any other New York State and New York City law, rule and or regulation including the New York City Health Code and the New York State Sanitary Code.

### **Section E. How to Submit an Application for Waiver:**

**Please submit the completed application and required supporting documentation to:**

**Assistant Commissioner  
Bureau of Food Safety and Community Sanitation  
253 Broadway, 13<sup>th</sup> floor, CN 59A  
New York, NY 10007**

*Your application for waiver will be reviewed to ensure that all forms have been correctly completed and that all required documentation is presented and accurate. If you have not submitted all required documentation, you will be notified and your application will not be processed until it is complete. The New York City Department of Health and Mental Hygiene reserves the right to request additional information necessary to make a final decision.*

# Attachment 1. Application for Waiver

(TYPE OR PRINT LEGIBLY)

## Part 1.

CAMIS No.:  Permit No.:

Name of Corporation, LLC, Partnership, LLP, Individual Owner or Organization:

Trade Name/DBA:

Building Number: Street:

<input type="text"/>	<input type="text"/>
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City: State: Zip Code: Telephone:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> ( <input type="text"/> ) <input type="text"/>
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Type of Ownership (Check one):

Corporation     LLC     Partnership     LLP     Individual

Hours of Operation (e.g., from 1 PM – 2 AM, as applicable for each day):

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open	<input type="text"/>						
Close	<input type="text"/>						

**Part 2.**

**A. Name of Incorporated Entity: attach a copy of the certificate of incorporation and the receipt for filing with the New York State Secretary of State**

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**Date incorporated**

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**State(s) where incorporated**

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**B. Unincorporated Organizations. Date organization established in New York. Provide copies of documents, e.g., charters, indicating status, and date organization founded in New York State. Indicate whether organization is a chapter or post of a national membership organization.**

**Date Founded**

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**Document(s) Submitted**

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**Part 3.**

List full names and titles of all officers, directors, senior or governing members, or members in charge. Use additional sheets of paper, if necessary.

1. Last Name:	First Name:	Title:	SS#
			- -

Building Number:	Street:

City:	State:	Zip Code:	Telephone:
			( )

<b>2. Last Name:</b>	<b>First Name:</b>	<b>Title:</b>	<b>SS#:</b>
			- -

<b>Building Number:</b>	<b>Street:</b>

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Telephone:</b>
			( )

<b>3. Last Name:</b>	<b>First Name:</b>	<b>Title:</b>	<b>SS#:</b>
			- -

<b>Building Number:</b>	<b>Street:</b>

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Telephone:</b>
			( )

<b>4. Last Name:</b>	<b>First Name:</b>	<b>Title:</b>	<b>SS#:</b>
			- -

<b>Building Number:</b>	<b>Street:</b>

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Telephone:</b>
			( )

<b>5. Last Name:</b>	<b>First Name:</b>	<b>Title:</b>	<b>SS#:</b>
			- -

<b>Building Number:</b>	<b>Street:</b>

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Telephone:</b>
			( )

<b>6. Last Name:</b>	<b>First Name:</b>	<b>Title:</b>	<b>SS#:</b>
			- -

<b>Building Number:</b>	<b>Street:</b>

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Telephone:</b>
			( )

<b>7. Last Name:</b>	<b>First Name:</b>	<b>Title:</b>	<b>SS#:</b>
			- -

<b>Building Number:</b>	<b>Street:</b>

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Telephone:</b>
			( )

<b>8. Last Name:</b>	<b>First Name:</b>	<b>Title:</b>	<b>SS#:</b>
			- -

<b>Building Number:</b>	<b>Street:</b>

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Telephone:</b>
			( )

**Part 4.**

**Name of Applicant, Corporate Officer, or Partner:**

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<b>Signature of Applicant, Corporate Officer, or Partner:</b>	<b>Title:</b>	<b>Date</b>
		/ /

## Attachment 2. Waiver Data Sheet

Name of Corporation, LLC, Partnership, LLP or Individual Owner(s):

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Building Number	Street:	Boro	Zip Code

Answer all questions.

Yes	No		Reason for Waiver Request:
		1.	Are you requesting a waiver for undue financial hardship?
		2.	Are you requesting a waiver because conditions exist other than financial that make compliance unreasonable?
		3.	Have you explored any alternatives to comply with the CIAA? (If "Yes", describe separately and attach)

Yes	No		Eligibility:
		1.	Does the SFAA permit smoking in your establishment if a waiver is granted?
		2.	Has your business been legally operating for one year after July 24, 2003?
		3.	Does your business require a permit from DOHMH?
		4.	If your business requires a permit from DOHMH does it have a current valid permit?
		5.	Is your establishment registered as an Owner-Operated Bar? (If "Yes", registration #: _____)
		6.	Does your establishment have a registered Separate Smoking Room? (If "Yes", registration #: _____)

Yes	No		Preventive measures for exposure to second-hand smoke:
		1.	Are proposed smoking areas away from the general traffic patterns of travel used to enter the establishment, food preparation areas and the restrooms?
		2.	Are smoking/non-smoking areas physically separated in such a manner to control second-hand smoke exposure to non-smokers?
		3.	Do smoking/non-smoking areas use special mechanical ventilation systems to control second-hand smoke exposure to non-smokers?
		4.	Is there maintenance of smoking/non-smoking area signs?
		5.	Will other specific actions be taken to eliminate violators smoking in areas where smoking is prohibited? (If "Yes", describe separately and attach)
		6.	Have all employees been notified in writing of this application?
		7.	Has an approved smoking policy been distributed?
		8.	Does the policy include the "employee" clause?

Yes	No		<b>Financial Records:</b>
			Are you providing:
		<b>1.</b>	Copies of your Federal Taxes for the two previous years prior to July 24, 2003?
		<b>2.</b>	Copies of your Federal taxes after July 24, 2003 to present?
		<b>3.</b>	Other financial statements after July 24, 2003?
		<b>4.</b>	Copies of your New York State taxes for the two previous years prior to July 24, 2003?
		<b>5.</b>	Copies of your New York State taxes after July 24, 2003 to present?
		<b>6.</b>	Other financial statements after July 24, 2003?

Yes	No		<b>Other Contributing Factors:</b>
		<b>1.</b>	Since March 31, 2003 has there been:
		<b>1a.</b>	A significant change in operation:
		<b>1b.</b>	Menu (including prices)
		<b>1c.</b>	Theme
		<b>1d.</b>	Intended audience
		<b>1e.</b>	Personnel
		<b>1f.</b>	Management
		<b>1g.</b>	Number of hours per day the business operated
		<b>1h.</b>	Number of days the business operated
		<b>2.</b>	Number of hours and number of high business days the business operated, i.e. holidays.
		<b>3.</b>	Any major construction on your premises?
		<b>4.</b>	Any major construction near your premises?
		<b>5.</b>	A major change in facility maintenance?
		<b>6.</b>	A change in neighboring competing businesses within a half-mile radius of your business?
		<b>7.</b>	A change in neighboring supporting businesses (employers)) within a 3-block radius to your business?

Yes	No		<b>Conditions making compliance with the CIAA unreasonable:</b>
		<b>1.</b>	Are you claiming that security is an issue?
		<b>2.</b>	Are you claiming that safety is an issue?
		<b>3.</b>	Are claiming therapeutic or other health related issues?
			Is your establishment a:
		<b>4a.</b>	Hospital (indicate unit):
		<b>4b.</b>	Tobacco Company
		<b>4c.</b>	Other (indicate – use separate sheet if necessary):
		<b>5.</b>	Have you provided a detailed explanation why compliance with the CIAA is unreasonable?
		<b>6.</b>	Have you provided data and documentation to support your request?

Yes	No		<b>Other Required Documentation:</b>
		<b>1.</b>	Have you provided a copy of your New York State Certificate of Authority to Collect Sales Tax?
		<b>2.</b>	If you sell cigarettes, cigars or other tobacco products have you provided a current copy of your:
		<b>2a.</b>	NYS Department of Taxation and Finance Retail Dealer Certificate of Registration for Cigarettes and Tobacco Products
		<b>2b.</b>	NYS Department of Taxation and Finance Certificate of Appointment as Distributor of Tobacco Products
		<b>3.</b>	Do you sell alcoholic beverages have you provided a current copy of your NYS Liquor Authority License?
		<b>4.</b>	Have you provided a current copy of your NYS Liquor Authority License?

Yes	No		<b>Corporation or Limited Liability Company</b>
		<b>1.</b>	Is your business is incorporated or a limited liability company?
		<b>2.</b>	Have you provided a copy of your:
		<b>2a.</b>	NYS Certificate of Incorporation
		<b>2b.</b>	Receipt of filing issued by the NYS Secretary of State
		<b>2c.</b>	Authority to Conduct Business issued by the NYS Secretary of State
		<b>2d.</b>	Corporate Resolution or minutes of the most recent annual meeting listing all current corporate officers dated within the last 12 months

Yes	No		<b>Partnership or Limited Liability Partnership</b>
		<b>1.</b>	Is your business a partnership or limited liability partnership?
		<b>2.</b>	Have you provided a copy of your:
		<b>2a.</b>	Business Certificate of Partnership
		<b>2b.</b>	Partnership Agreement

Yes	No		<b>Individual Owner</b>
		<b>1.</b>	Are you are an individual owner?
		<b>2.</b>	Have you provided a copy of your Business Certificate of Ownership?

Yes	No		<b>Unincorporated or Not-for-Profit Organization</b>
		<b>1.</b>	Is your organization is a not-for-profit entity?
		<b>2.</b>	Have you provided a copy of your:
		<b>2a.</b>	Charter
		<b>2b.</b>	The organization's bylaws and governing rules and/or policies, or, if no bylaws, any other document describing the organization's main purpose or governing structure
		<b>2c.</b>	Proof of federal tax exemption letter, IRS code 501(c)(3) or other law
		<b>2d.</b>	Registration with the State Attorney General as a charitable or philanthropic organization

### Attachment 3. Acknowledgement and Certification

I, \_\_\_\_\_, state that I am the \_\_\_\_\_

(Name)

(Title)

of \_\_\_\_\_, that I have completed the above application for

(Name of Applicant Entity)

waiver from the regulations of New York State Clean Indoor Air Act for such entity and that the statements made therein and the documents submitted are truthful and accurate to the best of my knowledge.

I further acknowledge that I and the persons I represent are fully aware of the consequences, including the forfeitures and civil and criminal penalties, which may result if any statement and document provided is determined to be false.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Notary Public

[Social Security numbers may be requested for the purpose of identification and verification of the facts alleged herein, shall be maintained with the confidentiality required by and shall not be further disclosed except in accordance with applicable law.]

**PLEASE NOTE:**

**All information submitted is subject to requests for documentation and/or verification, and the Department may also request further information and/or documentation based on answers and submissions requested herein.**