



CERTIFICATE OF CORRECTION: Multiple Submission Cover Sheet

DO NOT USE FOR CURES OR STIPULATIONS

DATE SUBMITTED

COMPANY NAME

Respondent/Representative Name & Mailing Address

NAME

MAILING ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

Please check one (1): I will pick up. Please mail to the address indicated above.

Please list **OATH summons/violation number** for each Certificate of Correction package attached:

Summons/Violation #

Summons/Violation #

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

*Please attach an **original** completed Certificate of Correction, supporting documentation and a copy or printout for each violation to which you are certifying correction.*

FOR OFFICE USE ONLY

NAME

Enforcement Service Representative acknowledging receipt – PLEASE PRINT

DATE & TIME CALLED

ESR Initials

CONTACT PERSON

COMMENTS