



NEW YORK CITY DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE

Dave A. Chokshi, MD, MSc

Commissioner

### REQUEST FOR GRADE CARD

\_\_\_\_\_ being duly sworn, states the following:  
(PRINT NAME)

I am the \_\_\_\_\_ of \_\_\_\_\_  
(TITLE) (NAME OF PERMITTEE/DBA)

HOLDING Permit/License or Record Number \_\_\_\_\_

located at \_\_\_\_\_,  
(FULL ADDRESS, BOROUGH, ZIP CODE)

and request a replacement for the Grade Card that was issued to this establishment for the following

REASON:

**Please check all that apply (why do you need the grade; our records show the actual grade issued)**

Grade card lost/stolen

Grade card damaged

Grade card not issued by O.A.T.H.

Other (explain) \_\_\_\_\_

\_\_\_\_\_  
Signature

Sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

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

**WARNING**

**MAKING A FALSE STATEMENT IS A VIOLATION OF NEW YORK CITY HEALTH CODE §3.19, AND A MISDEMEANOR, PUNISHABLE BY CIVIL AND CRIMINAL PENALTIES, IMPRISONMENT, FINES AND FORFEITURES, INCLUDING BUT NOT LIMITED TO PERMIT REVOCATION.**