

**Affidavit of Mold Assessment**

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

Licensed Mold Assessor's Firm Name: \_\_\_\_\_

Mold Assessor's Firm License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Firm's Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address: \_\_\_\_\_ Apt: \_\_\_\_\_

Violation Number(s): \_\_\_\_\_

I, \_\_\_\_\_, the licensed mold assessor for the abovementioned address, hereby swear that I prepared the mold remediation plan on \_\_\_\_\_, 20\_\_\_. I completed the post-remediation assessment on \_\_\_\_\_, 20\_\_ and determined that the licensed mold remediator corrected the mold hazard violation(s) using methods consistent with the mold remediation plan; the safe work practices outlined in Administrative Code §27-2017.9 and 28 RCNY §54-04; and the minimum work standards pursuant to Title 2 of Article 32 in the New York State Labor Law. I have provided the owner with a copy of the Post-Remediation Assessment Form. A copy of my mold assessment license in effect when the work was completed is attached, along with a filing receipt from the Department of Environmental Protection indicating submission of the Post-Remediation Assessment pursuant to Administrative Code §24-154.1.

*Sworn to me this:*

\_\_\_\_\_ day of \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

THE MAKING OF A FALSE STATEMENT IS A CRIME  
PUNISHABLE BY A FINE AND/OR IMPRISONMENT