

**CERTIFICATION OF CORRECTION OF VIOLATION(S)**

Complete entire form and sign below.

State of New York )SS:

County of \_\_\_\_\_

I, \_\_\_\_\_ (PRINT NAME), swear or affirm under penalty of perjury as follows:

1. That I am the registered: (check applicable box)

- Owner of the property
- Officer or Director of the Corporation that owns the property
- Managing Agent of the property
- Otherwise registered as responsible for the property

2. If the building is a multiple dwelling, or I am the owner of a one or two-family house and neither I nor any family member occupies the dwelling, that I am currently registered with the Division of Code Enforcement for the subject property.

3. That I have examined the area(s) containing the violation(s) cited on the reverse side of this form and, to my knowledge such violation(s) whose number(s) I have listed below was (were) corrected on the date(s) I have indicated.

4. That, I have complied with the integrated pest management practices in accordance with Administrative Code §27-2017.8 of Local Law 55 (2018) and 28 RCNY § 54-04, including hiring certified pest management professional(s), if necessary.

| NOV Number | Violation Number | Date Corrected | Name of Agent or Employee who Performed the Work | Address of Agent or Employee who Performed the Work | Payment Submitted (if applicable, see instructions) |
|------------|------------------|----------------|--|---|---|
|            |                  |                |  |   |   |
|            |                  |                |  |   |   |
|            |                  |                |  |   |   |
|            |                  |                |  |   |   |
|            |                  |                |  |   |   |

5. My signature below indicates that I am submitting a separate and distinct statement of correction for each violation listed above by Violation Number and I am aware that I am subject to penalties for false certification for each violation certified on this form. (Additional sheets may be attached if more space is needed.)

Sworn to me this

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

\_\_\_\_\_  
Signature

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

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

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