

Affidavit of Mold Remediation

Dated: _____

Licensed Mold Remediation Firm Name: _____

Mold Remediator's Firm License #: _____ Expiration Date: _____

Mold Remediation Supervisor License #: _____ Expiration Date: _____
(if applicable)

Firm's Address: _____

Tel: _____ Email: _____

Property Address: _____ Apt: _____

Violation Number(s): _____

I, _____, the licensed mold remediator for the abovementioned address, hereby swear that I performed the work to correct the above listed mold hazard violation(s) in accordance with 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 during the period commencing _____, 20__ and completed _____, 20__. I have provided the owner with a copy of the remediation work plan. A copy of my mold remediation license and mold supervisor license (if applicable) in effect when the work was completed is attached, along with a filing receipt from the Department of Environmental Protection indicating submission of the mold remediation work plan 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