

AFFIDAVIT OF COMPLIANCE (AF-8)

MOLD VIOLATIONS ISSUED ON OR AFTER JANUARY 19TH, 2019 – 10 or more units (class B and C)

Violation Number(s): _____
Apt # _____

State of New York } ss:
County of _____

I, _____, swear or affirm under penalty of perjury as follows:
(type or print name)

1. That I am over twenty-one years of age and am the registered owner and/or managing agent of the subject premises, _____, Property Registration number _____.
(type or print entire building address, including borough)

2. That I have read the Department of Housing Preservation and Development's "Guide to Local Law 55 of 2018 Mold Work Practices" and am aware of the safe work practices required to correct mold hazards safely and in accordance with all applicable laws;

3. That the work undertaken to correct the above-referenced violation(s) was performed in accordance with the required work practices;

4. That pursuant to Administrative Code §24-154, Administrative Code §27-2017.9, RCNY §54-04(b), and 28 RCNY §54-05(a)(3) I have attached:

- An affidavit from the licensed mold remediation contractor who performed the remediation of the mold hazard violation(s) stating that the work was performed pursuant to the applicable safe work practices in Administrative Code §27-2017.9, RCNY §54-04(b) and the work standards in New York State Labor Law Article 32;
- An affidavit from the licensed mold contractor stating that the mold remediation plan was prepared in accordance with Article 32 of the New York State Labor Law; and an affidavit made by the licensed mold assessor contractor stating that a post-remediation mold assessment report was prepared in accordance with New York State Labor Law Article 32.
- A copy of the mold assessor's license;
- A copy of the mold remediator's license or mold remediation supervisor's license;
- Department of Environmental Protection's (DEP) mold remediator's filing receipt under Administrative Code Section 24-154;
- DEP's mold assessor's filing receipt under Administrative Code Section 24-154.

Sworn to me this

_____ day of _____

Notary Public

Signature

Print Name

Phone Number