

VIOLATION AND CERTIFICATION INFORMATION

Summons Number

Place of Occurrence _____
(address violation issued) (Street Address, City, State, Zip Code)

I, _____, duly swear under penalty of perjury that I am the (check one):

☐ Permit Holder ☐ Property Owner ☐ Employer (Sub Contractor)

My mailing address is: _____
(Street Address, City, State, Zip Code)

Please mail results to: _____
(Street Address, City, State, Zip Code)

COURSE PROVIDER AND WORKER INFORMATION

Course Provider Name: _____ Date of Agreement (if applicable): _____

Course Provider Address (provide full address): _____

Worker Name (last, first): _____ Job Title: _____

Date of Training: _____ Type of SST Card (SST, Supervisor, Limited or Temporary) _____

Training Course (where applicable): ☐ OSHA 10-Hour ☐ OSHA 30-Hour ☐ 100-Hour Course

STATEMENT IN SUPPORT

I, _____, hereby state that _____ has:
(Print Name) (Name of Business/Individual)

Must check one:

- ☐ I have paid for department approved Site Safety training to be provided by the above-listed course provider at no cost to the listed worker. For the duration of the required Site Safety training, there have been no changes to the terms and conditions of the listed worker's employment including hours and rate of pay, as set forth in Section 28-204.1.1. Such worker continued/continues to be employed and paid the same wages they had been receiving prior to the issuance of the above-referenced summons. There are no workers at the place of occurrence, as indicated on the above-referenced summons, who have not been trained or scheduled to be trained **or**
- ☐ Department-approved Site Safety training was completed prior to the listed worker's current employment. Please see attached supporting documentation. There have been no changes to the terms and conditions of the listed worker's employment with the above-listed employer since issuance of the above-referenced summons. There are no workers at the place of occurrence, as indicated on the above-referenced summons, who have not been trained or scheduled to be trained **or**
- ☐ **OTHER:** (please specify what actions were taken to comply with the Site Safety training requirements and attach supporting documentation)

There have been/will be no changes to the terms and conditions of the listed worker's employment, including hours and rate of pay as set forth in Section 28-204.1.1. For the duration of the required site safety training and, the listed worker continues to be employed and paid the same wages they had been receiving prior to the issuance of the above-referenced summons. There are no workers at the place of occurrence, indicated on the above referenced summons, who have not trained or scheduled to be trained.

Name (print)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury	
	day of 20	
Date	Notary Signature	

False certification is a criminal misdemeanor under sections 28-203.1.1 and 28-211.1 of the NYC Administrative Code, punishable by up to one (1) year imprisonment and/or fine of up to \$25,000. It is also punishable with a civil penalty of up to \$25,000.

Return this form with supporting documents to: NYC Department of Buildings
 Administrative Enforcement Unit
 280 Broadway, 1st Floor
 New York, NY 10007