

STATEMENT OF AGREEMENT

As a condition of being registered to participate in the electronic filing program (for Asbestos Assessment Report – ACP5 forms). I hereby agree to comply with all relevant laws, rules, regulations, policies and directives, including the NYC Administrative Code, Rules of the City of New York, and the Department’s rules, regulations, policy and procedure notices and directives. I understand that (a) I will be issued a User ID and Password by the Department for use of the eFiling system, (b) the user ID and Password are for use by me only and (c) I may only use the User ID and Password for the electronic filing system for which my name appears as the original applicant and for which I will perform the work in compliance with the relevant provisions of the law, rules, regulations, policies and directives mentioned above.

I understand that I will be receiving emails and/or other correspondence from the Department, with listings of my filings. I understand that I am obligated to review such correspondence and must contact the Department within five business days of receiving this information if any filing was improperly or illegitimately filed under my certificate number. I also understand that failure to notify the Department within that time shall be considered presumptive acceptance of and responsibility for those filings and the work performed under those permits.

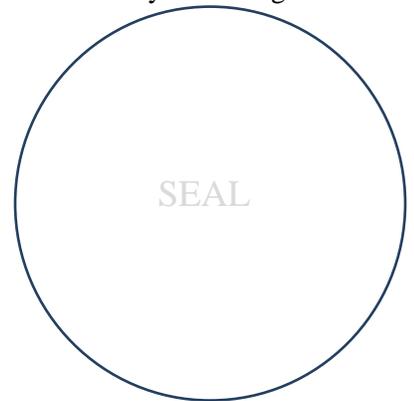
I understand that it is a crime to offer or give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. A conviction of offering of a bribe or gratuity is punishable by imprisonment, fine or both.

Additionally, I understand that failure to adhere to this agreement may result in disciplinary action against my certificate, up to and including possible revocation of my certificate and/or criminal prosecution.

I understand that knowing falsification of any statement in this document is a misdemeanor and is punishable by a fine, imprisonment, or both, under Sections 24-190 of the NYC Administrative Code, and the New York State Penal Law. I have read and understand all the information I have supplied and it is true and accurate to the best of my knowledge.

Signature

Date



State of New York, County of _____
Sworn to or affirmed under penalty of perjury:

Notary Signature

Date

PLEASE PRINT THIS FORM AND SUBMIT IT TO TRAINING & CERIFICATION UNIT FOR
AUTHORIZATION:
ASBESTOS CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
59-17 JUNCTION BOULEVARD, 8TH FLOOR
FLUSHING, NEW YORK 11373
ATTN: TRAINING AND CERTIFICATION UNIT

PLEASE make sure that you have signed the form, have had it notarized, and have stamped it with your professional seal. Thank you.

AUTHENTIC FORM

Instructions:

In order to participate in DEP's electronic filing program, you must accurately complete form. Please sign the form, have it notarized, and stamp or with your professional seal. Any false or misleading statement(s) provided herein will result in the applicant's disqualification from being able to use the eFiling system and may lead to criminal prosecution.

APPLICANT INFORMATION

E-Mail Address:	Date:	
Last Name:	First Name:	MI:
Contact Address:	Apt.#:	
City:	State:	Zip:
Contact Tel:	Mobile Phone:	
DEP Cert #:	NYS Cert #:	
DMV ID #		
NYS DOL Asbestos Handling License #:	Company Name:	
Company email address:		

- I am the owner / President of the _____
Name of the Company Licensed

- I am an Employee of the above Company and I am authorized to conduct Investigation / Survey on behalf of the Company. (Letter of authorization from the President / Owner of the Company is attached).

Signature

Date