



# CERTIFICATION OF CORRECTION OF ELECTRICAL DEFECTS



RETURN THIS DOCUMENT WITH A SELF ADDRESSED STAMPED ENVELOPE. USE THIS ORIGINAL FORM ONLY. TYPE ALL INFORMATION. RETURN WITH ALL RECONSIDERATIONS, ADDITIONAL CERTIFICATIONS, VARIANCES, AND DOCUMENTATION REQUIRED BY LETTER OF DEFECT. RETURN WITH RECONSIDERATION FORM IF APPLICABLE.

Date: \_\_\_\_\_

LOCATION: \_\_\_\_\_  
NO. AND STREET BOROUGH

OWNER: \_\_\_\_\_  
NAME AND ADDRESS E-MAIL PHONE NO.

THE FOLLOWING TO BE COMPLETED BY THE REGISTERED ARCHITECT, PROFESSIONAL ENGINEER, OR A LICENSED ELECTRICAL CONTRACTOR EMPLOYED TO PERFORM THE REQUIRED WORK OR TO WITNESS THE PERFORMANCE OF THE REQUIRED WORK:

I, \_\_\_\_\_  
TYPE NAME LICENSE NO.

\_\_\_\_\_ BUSINESS NAME BUSINESS ADDRESS E-MAIL PHONE NO.

HEREBY Certify that employees under my direct supervision, or I, performed or witnessed the correction of those defects mentioned below in the Fire Prevention Letter of Defect. These corrections were performed in accordance with New York City Building Code and Reference Standards, New York City Prevention Code and Directives, New York City Electrical Code and all other applicable regulations and guidelines.

\_\_\_\_\_  
SIGNATURE AFFIX SEAL OF RA OR PE, OR ELECTRICAL CONTRACTOR'S LICENSE RAISES SEAL

CHECK ONE OF THE FOLLOWING:

- This Certification covers Letter of Defects dated \_\_\_\_\_, All ITEMS.
- This Certification covers Letter of Defects dated \_\_\_\_\_, in Part ONLY.

List those items NOT being certified ITEM(S) NO \_\_\_\_\_

### TO BE COMPLETED BY A NOTARY PUBLIC OR COMMISSIONER OF DEEDS

Sworn to before me this \_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_\_\_ Notary No. \_\_\_\_\_

Signature of Notary \_\_\_\_\_

Commission Expires \_\_\_\_\_

False certification is punishable by fine of up to \$500 or up to 60 days imprisonment or both, pursuant to New York City Administrative Code Section 10-154. Audits revealing falsification of Certificate of Correction may result in revocation of approval. (27-4020, Administrative Code).

**FOR OFFICE USE ONLY**  
APPROVAL LETTER  YES  NO  
\_\_\_\_\_  
SIGNATURE OF EXAMINER  
DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**  
SUBJECT TO AUDIT  YES  NO  
\_\_\_\_\_  
SIGNATURE OF SUPERVISOR  
DATE: \_\_\_\_\_

CONTROL NO. \_\_\_\_\_ BUILDING DEPT. APPL. NO. (PW-1#) \_\_\_\_\_