



Class 1/Class 2 Filing Representative Future Completion of Training Courses Affidavit

I, _____ and Registration # _____, hereby state
(print full name)

that I will comply with the requirements in Title 1 of the Rules of the City of New York (RCNY) Section 104-24 by attending and successfully completing the specified Department-approved training course required for the issuance and renewal of my Class 1 or Class 2 Filing Representative registration.

I acknowledge that:

- The Department of Buildings is issuing my Class 1 or Class 2 Filing Representative registration without this requirement having been met because these courses are not currently available.
- I will be required to complete the required training course and submit proof of completion to the Department no later than six (6) months after the course becomes available. The Department will notify me by email when these courses become available.
- If I do not comply with the above, my registration will be revoked, and all associated rights and privileges terminated. I agree to waive any and all procedural rights under Title 28 of the NYC Administrative Code to any revocation of my Class 1 or Class 2 Filing Representative registration resulting from the above.
- If my registration is revoked, any attempt to act as a Filing Representative is a violation of NYC law and rules and may result in the issuance of a violation and/or disciplinary action against me.

I attest to the truthfulness of my statement and fully understand that all information is subject to verification. I acknowledge that this form is the original copy supplied to me by the New York City Department of Buildings and any misuse or alteration may result in revocation of my Filing Representative Registration. I acknowledge that false statements made herein are punishable as a Class 'A' Misdemeanor pursuant to section 210.45 of the NYS Penal Law.

Signature: _____

Date: _____

State of _____)

County of _____) SS.:

Sworn to before me this

_____ day of _____

(NOTARY PUBLIC)