

## Granting Authority to Act Affirmation

Applicant Information	
Applicant Name:	
DCWP License Number (if applicable):	

1. I hereby authorize \_\_\_\_\_  
(Full Name of Designated Representative)  
of \_\_\_\_\_  
(Full Name of Representative's Business)  
whose contact address is \_\_\_\_\_  
(Street Address, Borough, State, and ZIP Code)  
and whose telephone number and email address are \_\_\_\_\_  
(Area Code and Number)  
and \_\_\_\_\_ to represent me before the New York City Department  
(Email Address)  
of Consumer and Worker Protection (DCWP) regarding the preparation and submission of an  
application for:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I understand that I will be legally bound by the representations made in the application(s) and will be held responsible by DCWP for any inaccuracies or misrepresentations.
3. I understand that this affirmation will expire 180 days from the date on this form.
4. I understand that I may only revoke (withdraw) a Granting Authority to Act before DCWP issues the applicable license, permit, or certificate. I am responsible for notifying DCWP of my intent to revoke. Instructions for notifying DCWP are available by contacting 311 and using the keyword "withdrawal."
5. I affirm that these statements are true and correct.

*To be completed by Applicant:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title/Position (if applying on behalf of a business)