



42 Broadway
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/dcwp

CERTIFICATE RECOMMENDING AN APPLICANT FOR A LOCKSMITH LICENSE

Name of Person Completing the Certificate:
Home Address:
Contact Telephone Number:

I affirm the following:

1. I am a locksmith licensed by the New York City Department of Consumer and Worker Protection (DCWP).
2. My DCWP license number is _____.
3. I know that _____
Name of Locksmith License Applicant

possesses knowledge and skills necessary to successfully perform all functions of a New York City licensed locksmith.

4. I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

Signature

Date

Print Name