



DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER & SEWER OPERATIONS

AUTHENTICATION FORM

Instructions:

In order to participate in the Department of Environmental Protection's electronic filing program within the Bureau of Water & Sewer Operations, you must accurately complete this form. Please sign the form, have it notarized, and stamp it with your professional seal. Any false or misleading statement(s) provided herein will result in the applicant's disqualification from being able to apply for permits or application and may lead to criminal prosecution. Please include all companies, including subcontractors you authorize to do work.

APPLICANT INFORMATION

Form fields for Applicant Information: First Name, Last Name, License Number, License Type, E-Mail Address, Company Name 1, Address 1, Telephone 1, City 1, State 1, Zip Code 1, Company Name 2, Address 2, Telephone 2, City 2, State 2, Zip Code 2. Includes a note: 'Please include all companies, use supplemental page if needed.'

STATEMENT OF AGREEMENT

As a condition of being registered to participate in the electronic application program, I understand and agree to the following:
a. To comply with all relevant laws, rules, regulations and policies and directives, including the NYC Administrative Code, Rules of the City of New York, and the Department of Environmental Protection's (Department) rules, regulations, policy and procedure notices, and directives.
b. I understand that (1) I will be issued a User ID and Password by the Department for use of the E-Filing program, (2) the User ID and Password are for use by me only, and (3) I may only use the User ID and Password to apply for and renew applications and/or permits for which my name appears as the original applicant, for which I have been contracted by the owner of such property, and for which I will perform the work in compliance with the relevant provisions of the law, rules, regulations, policies and directives mentioned above.
c. I understand that I will be receiving emails and/or other correspondence from the Department listing my applications and permits and must contact the Department within five business days of receiving this information if an application was improperly or illegitimately filed under my license number. I also understand that failure to notify the Department within that time shall be considered presumptive acceptance of and responsibility for those applications and the work performed under those permits.
d. I agree to protect and secure the confidentiality of my password. If I have reason to believe that my password has been compromised, I agree to notify the Department immediately by e-mail at paris@dep.nyc.gov. I also agree to inform the Department of any changes in my license status and employment/business affiliations. I shall immediately notify the Department of any changes in my email address.
e. The Department reserves the right to remove any person from the E-Filing program in the event of any fraud or abuse in connection with this Program.
f. The Department also reserves the right to change, add, delete or terminate any part of this agreement or program, including fees and charges, at any time and in any manner without notice.
g. I release the Department of Environmental Protection, each of such Department's respective subsidiaries, Divisions, and each of such company's respective officers, directors, employees, and agents from and against all liability relating to my membership or participation in the E-Filing Program or this authorization.
h. 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 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 license, up to and including possible revocation of my license and/or criminal prosecution.
i. I understand that knowingly providing false and/or misleading information is a misdemeanor and is punishable by a fine, imprisonment, or both, under the Administrative Code, and the New York State Penal Law. I have read and understand all the information contained herein. I have provided full and complete information in answer to each question and all information I have supplied is true and accurate to the best of my knowledge.

Signature
Date



This form must be acknowledged before a Notary Public
State of New York, County of
Sworn to or affirmed under penalty of perjury
Signature of Notary Public

Date of appearance
Authorization V12 2/9/21



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Instructions: Use this page if you need additional space for applicant information. Please list all companies, including subcontractors.

APPLICANT INFORMATION - SUPPLEMENTAL PAGE

Form with 10 rows for applicant information. Each row includes fields for: First Name, Last Name, License Number, License Type, Company Name, Address, City, State, Zip Code, and Telephone. Rows are numbered 3 through 10.

Signature Date