



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, M.D., M.P.H.
Commissioner

AFFIDAVIT OF CORRECTION FOR BED BUG INFESTATION

This form must be filled out by a Pest Management Professional licensed by the New York State Department of Environmental Conservation to affirm treatment for bed bugs, as ordered by the NYC Department of Health and Mental Hygiene.

This form must be notarized and the original returned by the property owner or responsible party to:
NYC Department of Health and Mental Hygiene, 125 Worth Street, Room 326, CN 34E, New York, NY 10013

Date: _____

State of New York, County of: _____

I, _____, swear under penalty of perjury as follows:
(Type or print name)

- That I am the _____ (owner, other title, of the following pest management company,
Company Name: _____
Company Address: _____
(Type or print entire company address, including borough)
Telephone Number: _____ DEC Business Registration Number: _____

- That I have been retained by the following owner and /or managing agent to implement control measures to correct the violation(s) of Article 151 of the New York City Health Code for bed bugs at the following premises:

Owner and/or Managing Agent: _____ Phone Number: _____
(Type or print the name)

Property/Building Address: _____
(Type or print entire building address, including borough)

- That my pest management company inspected these premises, and implemented the following control measures for bed bugs in the affected areas in accordance with all federal, state and local laws.

Control measures provided in affected locations. Use additional paper and attach work orders and invoices, if necessary. *(Specify: dates of inspections and treatments; apartment units and areas inspected and treated; chemical, and /or non chemical control measures as well as proposed follow-up visits. Indicate if no active bed bug infestations were observed and any follow-up actions you believe are necessary to prevent further infestation.)*

- That my signature below indicates that I am submitting this Affidavit to show that the present bed bug infestation have been addressed as indicated in #3 above and that I am aware that false statements made in this Affidavit may subject me to civil and/or criminal penalties, including but not limited to those authorized by New York Penal Law, the Administrative Code of the City of New York §10-154 and Health Code §3.19.

Sworn to me this _____ day of _____

Notary Public

Signature



Phone Number