Radon Certification Form

Pursuant to New York City Building Code § U202.09 and New York City Department of Health and Mental Hygiene Rules 24 RCNY §§ 40-04 and 40-06, I hereby certify that:

1. On _____ (DATE), I conducted air sampling for radon of the below-referenced apartment ("unit"). At such time I was a qualified radon tester as defined by Section 40-02 of the NYC Department of Health and Mental Hygiene's rules.

Street Address of Unit Tested with Unit Number (if any)

Borough of Unit Tested | ZIP Code of Unit Tested

NYC DOB Alt-CO Job Number | NYC DOB ATR Initial Number *(where applicable)*

2. I sent the sample(s) for analysis to the laboratory noted below certified for radon analysis by the New York State Environmental Laboratory Approval Program ("ELAP").

Name of Laboratory Conducting Analysis | ELAP Certification Number

3. The laboratory report of the samples I collected indicates that the unit has less than two picocuries of radon per liter of air, the threshold established by 24 RCNY § 40-04.

I hereby affirm, under penalty of perjury, that the information provided on this form is true and correct to the best of my knowledge and belief and complies with the provisions of any applicable laws or rules. I recognize that false statements are misdemeanors pursuant to Section 210.45 of the New York Penal Law and are punishable by a fine or imprisonment or both.

Signature | Date

Name (Printed) | Phone Number

Name of Company | Email Address

Address

Radon Testing Certification Granting Entity | Certification Number