



NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
Ashwin Vasani, MD, PhD
Commissioner

REQUEST FOR GRADE CARD

_____ being duly sworn, states the following:
(PRINT NAME)

I am the _____ of _____
(TITLE) (NAME OF PERMITTEE/DBA)

HOLDING Permit/License or Record Number _____

located at _____,
(FULL ADDRESS, BOROUGH, ZIP CODE)

and request a replacement for the Grade Card that was issued to this establishment for the following

REASON:

Please check all that apply (why do you need the grade card?)

Grade card lost/stolen

Grade card damaged

Did Not Receive Grade Card Issued by OATH

Other (explain) _____

Signature

Sworn to before me

this _____ day of _____ 20__

Notary Public

WARNING

MAKING A FALSE STATEMENT IS A VIOLATION OF NEW YORK CITY HEALTH CODE §3.19, AND A MISDEMEANOR, PUNISHABLE BY CIVIL AND CRIMINAL PENALTIES, IMPRISONMENT, FINES AND FORFEITURES, INCLUDING BUT NOT LIMITED TO PERMIT REVOCATION.