

## **REQUEST FOR GRADE CARD**

	being duly sworn, states the following:
(PRINT NAME)	
I am the of	(NAME OF DEDMITTEE (DDA)
(IIILE)	(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	s issued to this establishment for the following
REASON:	
Please check all that apply (why do you need the gro	ade card?)
Grade card lost/stolen	
Grade card damaged	
Did Not Receive Grade Card Issued by OATH	
Other (explain)	
	Signature
Sworn to before me	
thisday of20	
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.