

**AFFIDAVIT FOR CERTIFIED INDIVIDUAL WHO PERFORMED INSPECTION  
AND IS NO LONGER AN EMPLOYEE  
(PAGE 1 OF 2 – BOTH PAGES MUST BE SUBMITTED FOR A VALID AFFIDAVIT)**

**This page to be completed by the Firm Principal**

EPA-Licensed Lead Inspection Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

EPA Inspection Firm Certification Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Premises address: \_\_\_\_\_ Apt: \_\_\_\_\_

I, \_\_\_\_\_ (**name**), the Firm Principal, hereby swear that the inspection and testing and/or sampling was performed at the premises above on \_\_\_\_\_ (**date**) by \_\_\_\_\_ (**former employee's name**), who was an employee of the firm named above and an EPA risk assessor or lead inspector certified under Part 745 of Title 40 of the Code of Federal Regulations subparts L and Q at the time of the inspection but is no longer employed by the firm.

The former employee's EPA-certification number, valid for the date of the inspection, was \_\_\_\_\_ and it expires(ed) on \_\_\_\_\_.

I have attached the following in support of this affidavit:

- A copy of the EPA Lead Inspection Firm certification valid for the date I am signing this affidavit
- A copy of the EPA Lead Inspection Firm certification valid for the date of the inspection, if different than the certification above
- A copy of the EPA Lead Inspector or Risk Assessor certification for the former employee valid for the date of the inspection

\_\_\_\_\_  
(Print Name) Firm Principal

\_\_\_\_\_  
(Signature) Firm Principal

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State of New York, County of \_\_\_\_\_

*Notary Stamp*

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Print Name)

\_\_\_\_\_  
(Notary Signature)

**AFFIDAVIT FOR CERTIFIED INDIVIDUAL WHO PERFORMED INSPECTION  
AND IS NO LONGER AN EMPLOYEE  
(PAGE 2 OF 2 – BOTH PAGES MUST BE SUBMITTED FOR A VALID AFFIDAVIT)**

**This page to be completed by an EPA-certified Risk Assessor employed by the firm**

Premises address: \_\_\_\_\_ Apt: \_\_\_\_\_

I, \_\_\_\_\_ (**name**), an EPA-certified risk assessor, hereby swear that I have reviewed the report of the inspection performed on \_\_\_\_\_ (**date**) by \_\_\_\_\_ (**former employee’s name**) for the above stated premises.

To the best of my knowledge, my review concludes the former employee named above performed the inspection, and testing and/or sampling in accordance with the instructions in the application for exemption from Administrative Code § 27-2056.5(a), Title 40 CFR § 745.227, and Chapter 7 of the U.S. Department of Housing and Urban Development’s Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing, 2<sup>nd</sup> Edition (July 2012) as applicable to the exemption application, and Administrative Code §27-2056.5(b), and Title 28 of the Rules of the City of New York §11-08.

In addition, I have attached a copy of my EPA certification to this affidavit. My EPA-certification number is \_\_\_\_\_ and it expires on \_\_\_\_\_.

My review concludes the former employee named above (**check at least one**):

\_\_\_\_\_ Reviewed all building documentation provided to them by the owner which demonstrated a similar construction, painting and maintenance history for all units/common areas and the components therein in support of the testing combinations and, if applicable, in the selection of the dwelling unit(s)/common area(s).

\_\_\_\_\_ Tested a sample of surfaces and components for paint and similar surface coating materials including varnish, shellac, or factory-applied coating (excluding factory-bonded or integrated finishes such as electroplating or electrochemical processes such as anodizing) in order to determine common construction and paint history in support of the testing combinations and, if applicable, in the selection of the dwelling unit(s)/common area(s).

**OR**

\_\_\_\_\_ Tested each dwelling unit and/or common area using a Single Family Housing testing methodology, including testing closets as room equivalents if they were dissimilar from the adjoining room equivalent.

The report of the inspection, and the determination made pursuant to Title 28 RCNY § 11-08(b) is annexed to this affidavit. The determination includes the following in the above referenced premises (**check at least one**):

- \_\_\_\_\_ Individual dwelling unit
- \_\_\_\_\_ Individual common area
- \_\_\_\_\_ Every dwelling unit in a building or complex (sampling method)
- \_\_\_\_\_ Every common area in a building or complex (sampling method)

\_\_\_\_\_  
(Print Name) EPA-Certified Risk Assessor

\_\_\_\_\_  
(Signature) EPA-Certified Risk Assessor

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State of New York, County of \_\_\_\_\_ Notary Stamp

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Print Name)

\_\_\_\_\_  
(Notary Signature)