



Labor Peace Agreement Certification

Certification Prior to Contract Award or Renewal

Pursuant to NYC Admin. Code § 6-145(c)

Contract Name: _____ E-PIN#: _____

This certification is (select one): ☐ The first such certification under for contract award/renewal.

☐ a subsequent (yearly) certification. If so, provide date of first certification: _____

I, _____ (print), the undersigned,

am a duly authorized officer of _____ (vendor name)

Chief Executive Officer (CEO) of the city service contractor, bidder or proposer seeking award
or the city service contractor seeking renewal of a city service contract, as applicable:

Check if updated
from a previous
certification

CEO Name: _____ ☐

Address: _____ ☐

Telephone: _____ Email: _____ ☐

If the city service contract is awarded or renewed (as applicable), I, the undersigned, agree to comply with the requirements of NYC Admin. Code § 6-145, and with all applicable federal, state and local laws.

Labor Relations findings: Instances during the preceding five years in which the bidder or proposer seeking award, or the city service contractor seeking renewal, as applicable, has been found by a court or government agency to have violated federal, state or local laws regulating labor relations, in which any government body initiated a judicial action, administrative proceeding or investigation of the bidder, proposer, or city service contractor in regard to such labor relations laws: **Add pages as necessary. If not applicable write "N/A".**

Violation: _____ Date of Action: _____ Charging Agency: _____

Summary: _____

Check if updated from a previous certification ☐

Violation: _____ Date of Action: _____ Charging Agency: _____

Summary: _____

Check if updated from a previous certification ☐

Violation: _____ Date of Action: _____ Charging Agency: _____

Summary: _____

Check if updated from a previous certification ☐

I _____ (print) swear or affirm,
under penalty of perjury, that the above information is accurate as of the date noted below.

Signed: _____ Date: _____

State: _____ County: _____ S.S.

Sworn or affirmed before me on: _____

[Stamp]

Notary Public: _____