## **ELECTRICAL SELF CERTIFICATION AFFIDAVIT**

Please check one box. Is a Certific	cate of Occupancy involved? Yes  No
Date of completion:	Date job started:
Electrical Control #:	
Address:(must be the	same as the filing address on record)
Statement:	
State of New York ) County of ) ss.:	
City Electrical Code. I am aware accuracy of this statement. I herebest of my knowledge. I further misdemeanor under Section 28-2 fine or imprisonment or both and	,hereby certify that number is complete in accordance with the New York that the Commissioner will rely upon the truth and by state that information is correct and complete to the realize that any falsification of any statement is a 11.1 of the Administrative Code and punishable by a that any such falsification may render me subject to the Department of Buildings and other appropriate
Licensee's Signature	Licensee's Number
Firm's Name	Firm's Number
Date of Statement	
The Licensee's Seal:	