

Job Number	
(Affix Label)	

Professional and Owner Certification

Please file three (3) originals

1. Professional's Certificati	on	
"I hereby state that I have application is complete a Department of Buildings, a and accuracy of this sta professionally certified. If owner of the remedial meathat any misrepresentation agents or employees, or disciplinary action by the	e exercised a profession in accordance with as of this date. I am a tement. I have notifian audit or other examasures that must be taken or falsification of factory others with my known because the control of the partment of Buildin	onal standard of care in certifying that the filed th applicable laws, including the rules of the aware the Commissioner will rely upon the truth fied the owner that this application has been a discloses non-compliance, I agree to notify the ken to meet legal requirements. I further realize acts made knowingly or negligently by me, my knowledge, will render me liable for legal and and the appropriate authorities, including certification procedures at the Department of
Professional's License No	<u> </u>	Professional's Signature & Date
2. Owner's Statement		
	nd agree to bring into	nt's above statement that this job will be compliance any construction which is found lations." Owner's Signature & Date
3. Applicant's Contact Info	rmation	
	Fax Numbers	Email Addresses
Applicant		
Owner		
Filing Representative		