Department of Transportation

Ydanis Rodriguez, Commissioner

Certification of Required Maintenance Activities

l,	, am employed in the position of				
(Print name	e)			(Print Title)	
(Print Nam	e of owner of newsr	racks)			
	authorized to sign th ewsracks containing		f of the owner. I certify	that the above-named entity is	
		(Print Publication	Name)		
Code, each new been made to at least once d	wsrack under the ow remove graffiti and our ing the immediate	wnership or control of the other unauthorized write other unauthorized write our mon	ne Owner has been repai		
and ending on	(Month, day, yea			(Month, day, year)	
(check one):	☐ The Owner	A1			
	□ A contractor	(Name of contrac			
	☐ Other (specif	y):			
(Signature)			(Date)		
STATE AND CIT	Y OF NEW YORK)ss.:			
COUNTY OF NE	EW YORK				
to me known t	o be the person des	scribed as such in an wh	, before me personally o as such executed the find the purpose therein ment	oregoing instrument and he/she	
Notary Public o	or Commissioner of I	Deeds			
accordance with (3) years docume above; and (c) m	the approved format enting the use of mate	set forth by the Departme erial, employees, contracto available to the Departmer	nt of Transportation; (b) mors, other resources and ex	es they were taken are recorded in naintain records for a period of three penditures demonstrating the during normal business hours and	
This form MUS	ST be signed and no	tarized.			
			e Owner and the signat aw Section 210.40 (Swo	ory to criminal charges, rn False Statement).	

Highway Inspection and Quality Assurance (HIQA) Newsrack Unit

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