

The undersigned hereby certifies that the property located at (full address, including apartment #):

is in compliance with the "Lead-Based Paint Poisoning Prevention Code" as indicated below:

MARK ALL THAT APPLY:

- Attached is a certification by a lead-based paint inspector or risk assessor certifying that the area of the property identified as having a deteriorated paint violation was determined through an inspection conducted in accordance with the Federal Regulations at 40 CFR §745.227(b) not to contain lead-based paint.
- The unit in question found to contain a deteriorated paint violation has been inspected by the Rochester Housing Authority or another state or federal supervising agency which regulates an assisted housing program since the deteriorated paint was last detected and was determined to be in compliance with their inspection and clearance requirements. Said certification is attached.
- Attached is a certification by a lead-based paint inspector or risk assessor certifying that all cited lead based paint violations have been inspected since the citation date and that they have been abated or interim controls have been implemented and clearance has been achieved in accordance with the standards found in 40 CFR§745.227(e).
- All lead-based paint reduction work was performed by an individual who has completed the "Lead-Based Paint Maintenance Training Program". **(Required for all properties which are non-owner occupied and located in the "high risk" area).**

ALL THE FOLLOWING QUESTIONS ARE REQUIRED TO BE COMPLETED:

- I have complied with all of the notification requirements of §90-58 of the City Code.
- I have complied with all of the occupant protection and worksite preparation requirements of §90-59 of the City Code.
- I have complied with all of the safe work practice requirements of §90-60 of the City Code.
- I confirm that the clearance examination, required pursuant to §90-56 and submitted to remove lead related violation(s), was performed by persons or entities independent of those performing the hazard reduction or maintenance activities.

OPTIONAL:

- I am willing to document my costs for work completed in this unit and the cost of private clearance. The City of Rochester will solely use this information for an assessment of the new lead legislation. I may be contacted for quality assurance purposes to provide receipts for the costs of lead hazard control in this unit.*

Notice: False Statements Made Herein Are Punishable As A Class A Misdemeanor Pursuant To §210.45 of The Penal Law.

(PRINT NAME)

(PRINT NAME)

PROPERTY OWNER OR AGENT'S SIGNATURE

DATE

SIGNATURE OF WITNESS TO SIGNATURE

DATE