



Substance Abuse Attestation

LIC Type _____

LIC# _____

I, _____, attest that I have passed a
(Print Name)
substance abuse test conducted by a recognized laboratory service/physician, I have passed a physical exam that complies with RCNY 104 and I will continue to comply with these requirements.

In the event of an accident that involves my actions undertaken in connection with my license, I understand that the Administrative Code requires that I cooperate with any investigation and that failure to do so may result in immediate suspension, revocation or disciplinary action.

Print Name

Signature

Date