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CERTIFICATION OF LICENSED HEALTH CARE PROFESSIONAL

The Licensed Health Care Professional must complete this form to confirm a disability for the General Vendor Licensee requesting authorization to use a helper. See the back for information about Section 2-318 of Title 6 of the Rules of the City of New York.

Applicant Name:	
License Number (if applicable):	
Licensed Health Care Professional:	Name: _____ Type of Practice: _____ License No.: _____ Phone: (____) ____ - _____ Business Address: _____ _____ _____ _____

I certify the following:

1. I am licensed as a _____.
2. I examined the Applicant and found that the Applicant has a disability that impairs the Applicant's ability to operate a general vending business.
3. The Applicant's disability is (choose one):
☐ Permanent
☐ Temporary

If the Applicant's disability is temporary, provide an estimate of its duration:



4. The disability impairs the Applicant's ability to operate a general vending business in the following manner (please describe with specificity, including the **medical facts** that support your certification and attach additional sheets as necessary):

This certification shall be deemed executed in the City and State of New York and shall be governed by and construed in accordance with the laws of the State of New York (notwithstanding New York choice of law or conflict of law principles) and the laws of the United States.

By signing below, I certify that the statements above are true and correct.

Signature

Print Name

Date

A General Vendor Licensee with a disability that impairs the Licensee's ability to operate a general vending business may be authorized by the Department of Consumer Affairs to use helpers, as described in Section 2-318 of Title 6 of the Rules of the City of New York.

Definitions:

Disability: a physical or mental impairment that substantially limits one or more **major life activities** or **major bodily functions** and that permanently or temporarily impairs an individual's ability to operate a general vending business.

Major life activities: include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Major bodily functions: include functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.