

42 Broadway New York, NY 10004

Dial 311 (212-NEW-YORK)

nyc.gov/dcwp

CERTIFICATE RECOMMENDING AN APPLICANT FOR A LOCKSMITH LICENSE

Name of Person Completing	g the Certificate:
Home Address:	
Contact Telephone Number:	:
I affirm the following:	
I am a locksmith licensed by Consumer and Worker Prot	y the New York City Department of tection (DCWP).
2. My DCWP license number i	is
3. I know that	Name of Locksmith License Applicant
possesses knowledge and all functions of a New York	skills necessary to successfully perform City licensed locksmith.
4. I understand that falsification offense punishable by a fine	n of any statement made herein is an e or imprisonment or both.
Signature	 Date
Print Name	