



Tobacco Sales Training Program Affirmation Form

Use this form **ONLY** if you:

- Received a settlement agreement from the NYC Department of Consumer and Worker Protection (DCWP) requesting that you submit this form. AND
- Are authorized to certify that an employee made an illegal sale. AND
- Have a valid copy of the employee's certificate of completion of a New York State Certified Tobacco Sales Training course. Note: The start date on the employee's certificate must be *before* the employee made the illegal sale.

Section 1: Information

DCWP Summons Number:	
Name of Employee Who Made Illegal Sale Resulting in Summons:	
Business Name:	
I affirm that I am the:	<input type="checkbox"/> Employee who made the illegal sale that resulted in the summons listed above. <input type="checkbox"/> Owner/manager of the business where employee made the illegal sale that resulted in the summons listed above.

Section 2: Affirmation

By signing below, I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both and will result in the rejection of this affirmation.

Signature

Date

Print Name

Instructions for Submission

Submit this completed form and a copy of the New York State Certificate of Completion by:

Email: TobaccoTrainingSubmission@dcwp.nyc.gov OR
Mail: NYC Department of Consumer and Worker Protection
Attn: Collections Division
42 Broadway, 5th Floor
New York, NY 10004