

**Attestation of Compliance with Local Law No. 1 for 2015,
The Albany County Toxic Free Toys Act**

DATE:

FROM:

TO: Albany County Department of Health
Division of Environmental Health

SUBJECT: Attestation of Compliance with Toxic Free Toys Act

Instructions: The following statement must be signed by a duly authorized representative of the retail outlet operating in Albany County pursuant to Local Law No. 1 for 2015, and returned to the Albany County Department of Health submission of the certification documentation in accordance with Local Law No. 1 for 2015.

I, _____ the duly authorized representative of _____, [Retailer Name] do hereby attest under penalty of perjury that the children's products/apparel sold or offered by this business, meet the requirements of or are contractually warranted by suppliers as compliant with both Federal Law and Albany County Local Law No. 1 for 2015, or are certified compliant pursuant to a Consumer Product Safety Commission Children's Product Certificate issued for children's products/apparel sold or offered by this business.

I certify that this attestation is true and correct, and therefore, I believe _____ [Retailer Name] is compliant with both Federal Law and Albany County Local Law No. 1 for 2015 related to the sale or offering of children's products and/or apparel.

I understand that if the Albany County Department of Health determines the undersigned business to be noncompliant with one or more of the requirements set forth in this attestation statement, violations may be issued pursuant to the Albany County Department of Health Rules and Regulations Regarding the Presence of Certain Toxic Chemicals in Children's Products and Apparel Sold in Albany County issued pursuant to Local Law No. 1 for 2015. In addition, I understand that an attestation of compliance must be submitted annually to the Albany County Department of Health as part of the Department of Health, pursuant to the Rules and Regulations issued pursuant to Local Law No. 1 for 2015

Submitted By:

_____ SIGNATURE

_____ TITLE

_____ BUSINESS NAME AND ADDRESS

_____ DATE

STATE OF _____)
COUNTY OF _____) SS.:

On the ____day of _____, 201_, before me, the undersigned, a notary public in and for the state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the attached instrument and acknowledged to me that s/he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon whose behalf the individual acted, executed the instrument.

NOTARY PUBLIC