NEW YORK STATE | Department of Labor

WORKING FOR YOU

Certification to the Commissioner of Labor Under the Healthy Terminals Act

(Article 19-D, Sec. 696-b of the New York State Labor Law)

Date: ___ / ___ / _____

Employer Name: _____ FEIN: __ __ - __ __ __ __ __ __ __

Date began operation at covered airport and or related location: ___ / ___ / _____

Successor to: _____

Address of work location/s (list all NYS that apply):

Occupations of covered workers: (Please check all that apply):

☐ Cleaning and related services

☐ Security related services

☐ In terminal and passenger handling services

☐ Airline catering

☐ Airport lounge services

Total number of workers employed in the above occupation(s) as of 12/30/2020: _____

Number of benchmark workers employed in the above occupation(s): _____

(The benchmark number is equal to 80% of the total number of workers employed in the above occupation(s) as of 12/30/2020)

I certify that the total number of workers employed as of 12/30/2020 in the above covered occupations work an average of 30 or more hours per week, and that the company will employ no less than the benchmark number of workers in covered occupations (80% of the total workers employed as of 12/30/2020) for the period of 7/1/2021 to 12/31/2022 pursuant to Sec. 696-b of the New York State Labor Law.

Sworn by:

Name: _____ Title: _____

Phone: (_____) _____ - _____ Email: _____