

# WE ARE YOUR DOL



Department  
of Labor

## 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):

List the number of workers employed in each classification as of **December 31, 2019**:

Cleaning and related services

Security related services

In terminal and passenger handling services

Airline catering

Airport lounge services

Total number of airport workers in the above categories on December 31, 2019: \_\_\_\_\_

List the number of covered workers employed in each classification as of **January 1, 2023**:

Cleaning and related services

Security related services

In terminal and passenger handling services

Airline catering

Airport lounge services

Total number of covered airport workers on January 1, 2023: \_\_\_\_\_

I certify that the proportion of covered airport workers in each classification employed to work an average of at least thirty hours per week at a covered airport location is the same as such proportion was compared to all workers in the same classification working at such covered airport location on 12/31/2019 pursuant to Sec. 696-b(2) of the New York State Labor Law.

*Sworn by:*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_