

AFFIDAVIT OF ANNUAL SAFETY INSPECTION

STATE OF NEW MEXICO)
) ss.
COUNTY OF _____)

TO: Safety Program Manager
Workers' Compensation Administration
PO Box 27198
Albuquerque, NM 87125-7198

I, _____, swear or affirm under penalty of perjury under the laws of New Mexico that the below information contained in this affidavit is true and correct:

- 1. I am the _____ (job title) of _____ (business name).
- 2. The business has completed its annual safety inspection as required by statute.
- 3. The following information is submitted as proof of annual safety inspection:

a. Name of Business: _____

b. Federal Employer Identification Number: _____

c. Date(s) and Address(es) of Inspected Location(s) [include City and Zip code for each location]:

* For additional locations please attach a separate list with site inspection information and address.

d. Inspection(s) performed by: _____.

e. For follow up and questions, contact:

1) Name: _____

2) Phone: _____ Email: _____

Signature

Date