



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
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Ventilation Certification

****This certification is required for salons which offer Nail Specialty Services on the premises****

The following must be completed by an authorized installer, manufacturer or design professional:

Name of Person Completing this Certification: _____

Business Name: _____

Business Address: _____

License Number (if applicable): _____ **Telephone Number:** _____

I am: ☐ an authorized installer; ☐ a manufacturer; ☐ a registered architect or professional engineer

Salon Name: _____

Salon Address: _____

Salon Owner's Name: _____

Salon Square Footage: _____ **Salon UID # (if applicable):** _____

Date of Inspection: _____ **Date of Certification:** _____

As required by Section 160.16 of Part 160 of Title 19 of the New York Codes, Rules and Regulations, I hereby certify that the salon's ventilation system meets the following requirements:

- ☐ Has the capacity to exhaust from the nail salon at a rate of not less than the greater of (1) the ventilation standards for nail salons as set forth at Sections 401 and 403 of the 2015 IMC or (2) 50 cubic feet per minute for each nail station in the nail salon.
- ☐ Has the capacity to supply outdoor airflow at a rate of not less than the greater of (a) the ventilation standards for nail salons as set forth at Sections 401 and 403 of the 2015 IMC or (b) 50 cubic feet per minute.
- ☐ Is designed and constructed to capture all chemical vapors, fumes, dust and other air contaminants at their source and to exhaust such contaminants to the outdoor atmosphere.
- ☐ Exhausts all exhaust air from the nail salon (including but not limited to all chemical vapors and fumes, dust, and other air contaminants and odors generated by or resulting from nail specialty services) to the outdoor atmosphere in such a manner that such exhaust air shall not be recirculated into the nail salon or into any other space in the building, or transferred to any other space in the building.

I hereby certify under the penalties of perjury that the above information is true and accurate.

Design Professional Stamp (If Applicable)

Signature of Person Providing Certification