WATERFRONT COMMISSION

Self-Certification of Personal Information Supplement

In compliance with Section 3.4 of the Rules and Regulations of the New York Waterfront Commission, the undersigned Principal of _____(the "Stevedore Applicant"), hereby certifies that the information contained on the Personal Information Supplement (Form SB-2) submitted by undersigned Principal for the Stevedore licensing period ending December 1, 20 _____:

1 Remains a true, accurate and up-to-date account* of the undersigned Principal's position and ownership interest in, the Stevedore Applicant; _____ Initials

2 Remains a true, accurate and up-to-date account* of the undersigned Principal's personal information including name, address, contact information, familial status and licensing history; _____ Initials

3 Remains a true, accurate and up-to-date account* of the undersigned Principal's arrest/criminal history; _____ Initials

4 Remains a true, accurate and up-to-date account* of the undersigned Principal's financial account position numbers; including names and locations of bank branches, account names, account types and account numbers; _____ Initials

5 Remains a true, accurate and up-to-date account* of the undersigned Principal's property interests including but not limited to real property owned solely or in common with other individuals or entities; _____ Initials

6 Remains a true, accurate and up-to-date account* of the undersigned Principal 's and undersigned Principal's spouse or significant other's, business and employment interests including but not limited to any business interests or employment outside of undersigned's employment with Stevedore Applicant; _____ Initials

7 Remains a true, accurate and up-to-date account* of the undersigned Principal's loans to or from other individuals or entities; _____ Initials

8 Remains a true, accurate and up-to-date account* of the undersigned Principal's associations with persons known or reputed to be members or associates of an organized crime group, terrorist group or career offender cartel. _____ Initials

*Items 1-8 above remain true and accurate to the extent that they are supplemented by the attached Rider.

Rider Attached?: Yes ☐ No ☐

Employer: _____

Name: _____

Signature: _____ Date: _____