

TO: **The Corporation of the District of North Cowichan**

FROM: _____
[insert name and address of qualified environmental professional]

RE: Premises located at: _____
[insert address]

This is to certify that in accordance with the Controlled Substance Bylaw No. 3803, 2020 the professional identified in this certification:

(1) Is a Qualified Environmental Professional under the Safe Premises Bylaw, with the following degrees, qualifications, and professional affiliations:

(2) Has completed an inspection of the premises on _____ *[date]*; and

(3) The premises have been remediated in accordance with the Remediation Action Plan prepared for these premises by _____ *[name]* on _____ *[date]*, and all hazardous substances and moulds, are now within safe levels for occupancy, and are in accordance with the Controlled Substance Bylaw No. 3803, 2020.

The undersigned professional may be contacted at:

[insert business telephone number and email]

CERTIFIED AS OF _____
[insert date]

[Signature of Qualified Environmental Professional]