



**TO BE POSTED IN PUBLIC-FACING LOCATION**

**Affirmation of Compliance With  
Workplace Vaccination Requirements**

ROADWAY MOVING, INC.

Name of Business

1135 BRONX RIVER AVENUE

Street Address

BRONX

City

NY

State

10472

ZIP Code

**I affirm that I have read the December 13, 2021 Order of the New York City Commissioner of Health requiring vaccination of workers and that my workplace is in compliance with the Order.**

Signature

ROHENIE SUKHRAM

Name (printed)

DIRECTOR OF HUMAN RESOURCES

Title

December 08, 2021.

Date