PART 137 RECORDS DESTRUCTION

ADMINISTRATOR AFFIRMATION

I, [Name], Local Program Administrator for the [Local Program Name] certify that	
I have reviewed the files and other documents listed below/on the attached list by their case	
number. I also certify that the files and other documents listed below have reached the end of their	
retention period, and as such, I will destroy the files by/on [date].	
Signed:	
[Print name]	
Date:	
Case Numbers	