



LIC6: General Contractor Registration Form

Application must be typed.

Apply In Person At : New York City Department of Buildings Licensing Unit
280 Broadway, 6th Floor
New York, NY 10007

1a Application Type

☐ Original ☐ Renewal ☐ Change/ Reissue

1b Registration Number

2 Registration Use

☐ Individual ☐ On Behalf of a Corporation ☐ On Behalf of a Partnership

3 Primary Principal *Required for all applications. Business fax and mobile telephone are optional.*

Last Name	First Name	Middle Initial
Social Security No	% Control	Date of Birth (m/d/y)
Home Address	Home Telephone	
City	State New York Zip	Mobile Telephone
Business Name	Business Telephone	
Business Address	Business Fax	
City	State New York Zip	EIN
E-Mail		

☐ Yes ☐ No Is the operating capital for your business at least twenty-five thousand dollars?

4 Corporate Officers, Partners and Any Stakeholders *(Include Stakeholders that own ten percent or more and primary applicant)*

NAME	% Control	NAME	% Control

5 Business History *Provide work location where applicant has engaged in general contracting within the last five years if different from above*

Business Name	Business Telephone
Business Address	
City	State New York Zip
Existing DOB tracking number (List All):	

6 Convictions and Fines *If you answer "Yes" to any of these questions, you **must** complete and attach form LIC34.*

☐ Yes ☐ No Have you ever been convicted or pled guilty to an offense anywhere (an offense is defined as a violation, misdemeanor or felony)?

☐ Yes ☐ No Do you owe any penalties or fines to the City of New York? DO NOT INCLUDE PARKING FINES.

☐ Yes ☐ No Does any company or business you have been associated with under your Department-issued registration or tracking number owe any fines, penalties or fees to the City of New York that were incurred during your association with that company or business?

7 Licensing History

List licenses, certifications, or registrations issued to any person named on this application, by City or State. Include applicants Driver License

NAME	TYPE	LIC./CERT. /REG. NUMBER	STATUS (active / not active)	EXPIRATION DATE

☐ Yes ☐ No Have any licenses/ certifications/ registrations issued to any person named on this application ever been suspended, restricted, or revoked; or has any person named on this application ever been censured or disciplined in connection therewith?

If **Yes**, please indicate in **Section 7** the type of license / certification / registration along with the reason for suspension, restriction, or revocation.

☐ Yes ☐ No Has any person named on this application ever been employed by DOB or any other NYC agency?

☐ Yes ☐ No Is any individual named on this application related by blood or marriage to any DOB employee(s)?

☐ Yes ☐ No Any former association with another General Contracting company?

If **Yes** to any of the above, please provide the details in **Section 7**.

8 Comments

9 Applicant Statements and Signatures

I have read and I understand all the items contained in this document. I hereby state that the above information is correct and complete to the best of my knowledge. As a condition of being granted a license, I attest that I comply with all New York City Administrative Code and Department rules, regulations, and directives governing how licensees conduct their specific trade. I understand it is unlawful to make a false statement to the Department; or to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Such actions are punishable by imprisonment, fine and/or loss of license. In the event of an accident that involves my actions undertaken in connection with my license, I understand that the Administrative Code requires that I cooperate with any investigation and that failure to do so may result in immediate suspension, revocation or other disciplinary action.

Name (print)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury Day of 20	
Date	Notary Signature	

Internal Use Only

Date received: _____	Fee Paid: \$ _____
Reviewed by: _____	
Comments: _____	Status: ~ Satisfactory ~ Unsatisfactory