

## 1 APPLICATION TYPE

☐ New
 ☐ Renewal
 ☐ Reissue (Lost/Stolen)
 ☐ Change (i.e. Address/Business/Deactivation)
 ☐ Reinstatement

## 2 LICENSE NUMBER

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## 3 LICENSE TYPE

☐ Elevator
 ☐ Director
 ☐ Co-Director
 ☐ Inspector
 ☐ Rigger
 ☐ Master
 ☐ Special
 ☐ Tower  
☐ Engineer
 ☐ Stationary
 ☐ Portable
 ☐ Sign Hanger
 ☐ Master
 ☐ Special  
☐ Hoisting Machine Operator
 ☐ A
 ☐ B
 ☐ C
 ☐ Site Safety
 ☐ Manager
 ☐ Coordinator  
☐ Master Plumber
 ☐ Concrete Safety Manager  
☐ Master Fire Suppression Piping Contractor
 ☐ A
 ☐ B
 ☐ Construction Superintendent  
☐ Oil Burning Equipment Installer
 ☐ A
 ☐ B
 ☐ C

## 4 APPLICANT INFORMATION *(required for all applications)*

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_  
 Date of Birth (m/d/yy) \_\_\_\_\_ \*Social Security No.: \_\_\_\_\_ Email: \_\_\_\_\_

### 5A PRIMARY BUSINESS INFORMATION *(required for all applications)*

Bus. Name: \_\_\_\_\_ Bus. Email: \_\_\_\_\_  
 Bus. Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 5B SECONDARY BUSINESS INFORMATION

Bus. Name: \_\_\_\_\_ Bus. Email: \_\_\_\_\_  
 Bus. Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 6 LICENSE USE *(choose one)*

☐ Individual/Sole-Proprietor  
☐ On Behalf of a Corporation  
☐ On Behalf of a Partnership  
☐ On Behalf of a City Agency

### 7 CITY EMPLOYEE?

☐ Yes ☐ No

## 8 PARTNER OR OFFICER INFORMATION *(must list all partners or officers)*

Name: _____	Name: _____
Address: _____ Phone: _____	Address: _____ Phone: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Lic. No.: _____ % Control: _____	Lic. No.: _____ % Control: _____
Title(s): _____	Title(s): _____
Name: _____	Name: _____
Address: _____ Phone: _____	Address: _____ Phone: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Lic. No.: _____ % Control: _____	Lic. No.: _____ % Control: _____
Title(s): _____	Title(s): _____

## 9 LICENSING HISTORY

List all licenses, certifications, or registrations issued to you, by any City or State.

NAME	TYPE	LIC./CERT./REGISTRATION NO.	CURRENT STATUS	EXPIRATION DATE

☐ Yes ☐ No Do you currently have a valid driver's license? State where issued: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

☐ Yes ☐ No Have any licenses or privileges granted to you or your associated business(es) by the Department of Buildings or any other government entity ever been rescinded, revoked, surrendered, suspended or have you or your related business(es) ever been disqualified from performing inspections? If **Yes** please indicate the type of license/certification/registration with the reason for the suspension, restriction, surrender, revocation, or disciplinary action in **Section 10**.

## 10 COMMENTS

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

## 11 CONVICTIONS & FINES

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

## 12 STATEMENTS & SIGNATURES

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

Fee Paid:	Transaction Type:	
Expiration Date:	Clerk's Signature:	Date: