

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: _____

6 LICENSE USE *(choose one)*

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

5B SECONDARY BUSINESS INFORMATION

Bus. Name: _____ Bus. Email: _____
 Bus. Address: _____ Bus. Phone: _____
 City: _____ State: _____ Zip: _____

7 CITY EMPLOYEE?

Yes No

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

Name: _____	Address: _____	Phone: _____	Name: _____	Address: _____	Phone: _____
City: _____ State: _____ Zip: _____			City: _____ State: _____ Zip: _____		
Lic. No.: _____ % Control: _____			Lic. No.: _____ % Control: _____		
Title(s): _____			Title(s): _____		
Name: _____	Address: _____	Phone: _____	Name: _____	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granted to you or your associated business(es) by the Department of Buildings or any other government entity ever been rescinded, revoked, surrendered, suspended or have you or your related business(es) ever been disqualified from performing inspections?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

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: