



LIC7: Safety Registration Form
Application must be typed.

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

1 Application Type	2 Safety Registration Number <i>(existing tracking number)</i>
<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Change/ Reissue	

3 Safety Registration Endorsement Type <i>Select all that apply</i>
<input type="checkbox"/> Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Concrete

4 Type of Business
<input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership

5 Business Information <i>Required for all applications. Business fax and mobile telephone are optional. Email is required.</i>			
Legal Name of Business			
Business's Trade or Doing-Business-As (DBA) Name*			
Business Address	Business Telephone		
City	State	Zip	Business Fax
E-Mail	EIN		

6 Primary Business Contact <i>Home address required if applicant is an individual /sole proprietor. Contact must be director, officer or principal.</i>			
Last Name	First Name	Middle Initial	
Social Security No	Date of Birth (m/d/y)		
Home Address	Home Telephone		
City	State	Zip	Mobile Telephone
E-Mail	% Control		

7 Corporate Officers, Partners and Any Stakeholders <i>(Include Stakeholders that own ten percent or more and primary applicant)</i>		
Last Name	First Name	Middle Initial
Social Security No	% Control	
Date of Birth (m/d/y)	Telephone	
E-mail	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name	First Name	Middle Initial
Social Security No	% Control	
Date of Birth (m/d/y)	Telephone	
E-mail	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name	First Name	Middle Initial
Social Security No	% Control	
Date of Birth (m/d/y)	Telephone	
E-mail	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name	First Name	Middle Initial
Social Security No	% Control	
Date of Birth (m/d/y)	Telephone	
E-mail	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

8 Business Affiliation Information

- Yes No Is any person named on this application an employee, participant in the management of, or own a controlling interest for any other entity which files for permits with the Department? *If "Yes" you **must** complete the section below.*
 Yes No Any current or former association with another General Contracting company in the last 5 years not mentioned on this application? *If "Yes" you **must** complete the section below.*
 Yes No Has any person named on this application ever been employed by DOB or another City agency? *If "Yes" provide details in Section 9.*

Name of Individual	% Control
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Legal Name of Business	Title
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Business's Trade or Doing-Business-As (DBA) Name*	
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Business Address	Business Telephone
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City	State	Zip	EIN
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Name of Individual	% Control
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Legal Name of Business	Title
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Business's Trade or Doing-Business-As (DBA) Name*	
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Business Address	Business Telephone
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City	State	Zip	EIN
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Name of Individual	% Control
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Legal Name of Business	Title
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Business's Trade or Doing-Business-As (DBA) Name*	
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Business Address	Business Telephone
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City	State	Zip	EIN
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9 Comments

10 Applicant Statements and Signatures

I have read and I understand all the items contained in this document. I state that the above information is correct and complete to the best of my knowledge. 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 registration.

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	