



1 Application Type *Required for all applications.*

Initial Change

2 Licensee Information

First Name _____ Last Name _____
 E-Mail _____ Lic # _____ Phone _____

3 Available Ratings *Indicate all cranes which HMO has operated with a boom length exceeding 300 feet, in compliance with LL80 of 2017.*

Available Ratings	HMO has operated	Available Ratings	HMO has operated
American Crawler Cranes	<input type="checkbox"/>	Link-belt Crawler Cranes	<input type="checkbox"/>
Demag Crawler Cranes	<input type="checkbox"/>	Link-belt Wheel Mounted Cranes	<input type="checkbox"/>
Demag Wheel Mounted Cranes	<input type="checkbox"/>	Manitowoc Crawler Cranes	<input type="checkbox"/>
FMC Corp Wheel Mounted Cranes	<input type="checkbox"/>	Manitowoc Wheel Mounted Cranes	<input type="checkbox"/>
Grove Wheel Mounted Cranes	<input type="checkbox"/>	Tadano Wheel Mounted Cranes	<input type="checkbox"/>
Kobelco Crawler Cranes	<input type="checkbox"/>	Terex Crawler Cranes	<input type="checkbox"/>
Liebherr Crawler Cranes	<input type="checkbox"/>	Terex Wheel Mounted Cranes	<input type="checkbox"/>
Liebherr Wheel Mounted Cranes	<input type="checkbox"/>		

4 Licensee Statements and Signatures *Required for all applications.*

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful 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. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print) _____

Signature _____

Date _____

Notarization
 State of New York, County of: _____
 Sworn to or affirmed under penalty of perjury
 _____ day of _____ 20____
 Notary Signature _____

Notary Seal

Internal Use Only
Date Received: _____
Reviewed by: _____
Comments