

Last Name of File Representative:



CD5: Suspended Scaffold Application

Application must be typewritten – File 3 copies

1 APPLICATION TYPE

Initial Amendment Renewal This is an Industrial Roped Access Job This is a Site Safety Job

2 LOCATION INFORMATION

Borough _____ Block _____ Lot _____
Address _____ Number of Stories _____

3 FILING REPRESENTATIVE INFORMATION

Name _____ Registration No. _____
Business Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

4 RIGGER/SIGN HANGER INFORMATION

Name _____ License No. _____
Business Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

5 OWNER OR MANAGING AGENT INFORMATION

Name _____ Title _____
Business Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

6 JOB INFORMATION

Description of Work to be Performed:	Date Submitted Stamp
Expected Start Date: _____	Approximate Duration of Job: _____

7 STATEMENTS & SIGNATURES

I certify that: (i) the subject work and setup of equipment will be done under my supervision or under the supervision of _____ (Supervisor, Foreman, or Rigger/Sign Hanger) who is in compliance with applicable DOB insurance requirements; (ii) all manufactured equipment utilized shall be set up and used in accordance with applicable manufacturer's specifications and BC 3301.6; and (iii) all manufacturer's specifications, site-specific equipment drawings and specifications, and designs shall be maintained on site and available for inspection in accordance with BC 3301.7. 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 of Licensed Rigger/Sign Hanger (please print) _____ Signature of Licensed Rigger/Sign Hanger _____ Date _____

INTERNAL USE ONLY

Approved by Examiner: _____	Application Number: _____
Signature of Examiner: _____	Expiration Date: _____