



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. Email is required.</i>		
Legal Name of Business		
Business's Trade or Doing-Business-As (DBA) Name*		
Business Address	Business Telephone	
City	State	Zip
E-Mail	EIN	

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

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

*Optional

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 Has the business listed in Section 5 used another business name or operated out of a different location during the last 5 years? *If "Yes" you must complete the section below.*
- Yes No Has any person named on this application been employed by DOB within the last year? *If "Yes" provide details in Section 9.*

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

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

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

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		