



THE CITY OF NEW YORK
BUSINESS INTEGRITY COMMISSION
100 CHURCH STREET, 20TH FLOOR
NEW YORK, NEW YORK 10007

CLASS B PHOTO IDENTIFICATION APPLICATION

-----OFFICE USE ONLY-----

APPLICATION #: _____ DATE RECEIVED: _____

ACCESS CARD CONTROL #: _____ RECEIVED BY: _____

*1. Name of the applicant (first, middle, and last), include maiden name where applicable:

*2. List all aliases, nicknames, maiden name, or any other name(s) or name changes, legal or otherwise.

*3. Home Address: _____

*4. Date of Birth: _____ *5. Social Security Number: _____

*6. Home telephone number(s): _____ *7. Cellular Number: _____

*8. E-mail Address: _____

*9. Name of the applicant's employer:

*** (Asterisk) denotes material information on the application. Any material change in the information shall be reported to the Business Integrity Commission, in a notarized writing, within thirty (30) calendar days thereof.**

Tax ID or SSN: _____

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10. Position with the employer:

_____ Since (date)

11. MARITAL INFORMATION

Single ____ Married ____ Separated ____ Divorced ____ Widowed ____

A. Current Marriage

Date of Marriage: _____ Place of Marriage: _____
(City, County, State)

Spouse's Full Name (first, middle, last, including maiden name):

Spouse's Date of Birth: _____ Spouse's Social Security Number: _____

Spouse's Home Address (if different): _____

Spouse's Home Telephone No.: _____ Work Telephone No.: _____

B. Previous Marriages

If you have ever been legally separated, divorced, or had a marriage annulled, indicate below.

| Full Name of Former Spouse | Date of Birth of Former Spouse | Date of Marriage | Date of Annulment, Separation, or Divorce | Present Address of Former Spouse |
|----------------------------|--------------------------------|------------------|---|----------------------------------|
| | | | | |
| | | | | |

Tax ID or SSN: _____

14. Have you ever been fired, asked to resign, or terminated for cause by an employer?

_____ Yes _____ No

If "yes," provide the information below.

| Name and Address of Employer | Dates of Action | Action Taken | Reason |
|------------------------------|-----------------|--------------|--------|
| | | | |
| | | | |
| | | | |

*15. Have you ever applied to a governmental agency for any license, registration, permit, or certificate requiring approval by the agency (including driver's license)?

_____ Yes _____ No

If "Yes," provide the following information.

| Type of License, Registration, Permit, or Certificate Applied and Date Applied | Name of Agency | Disposition of Application (Approved, Denied, Revoked, Suspended) | Status (Current, Expired, Revoked, Suspended) |
|--|----------------|---|---|
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*16. Do you or your spouse have any motor vehicles registered in your name?

_____ Yes _____ No

If "Yes," provide the following information.

| Make | Year | License Plate Number and State | Address at Which Vehicle is Registered |
|-------------|-------------|---------------------------------------|---|
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CRIMINAL, ADMINISTRATIVE AND INVESTIGATIVE HISTORY

*17. During the past ten (10) years, have you ever:

a. been arrested in any jurisdiction?

_____ Yes _____ No

b. been the subject, party, or target of any criminal or civil investigation by a federal, state or local prosecutorial agency, investigative agency, regulatory agency, or committee?

_____ Yes _____ No

c. received a subpoena or been asked to testify before any court, grand jury, or legislative, civil, criminal or administrative body?

_____ Yes _____ No

d. received a subpoena requiring the production of documents in connection with a federal, state or local investigation?

_____ Yes _____ No

Tax ID or SSN: _____

If you answered "yes" to any of the questions 17(a) – (d) above, provide the following details.

| Name and Address of Court or Agency | Nature of Proceedings or Investigation | Was Testimony Given? | Date on Which Testimony was Given | Date of Investigation |
|-------------------------------------|--|----------------------|-----------------------------------|-----------------------|
| | | | | |
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*18. Have you ever been convicted of any misdemeanor or felony in any jurisdiction?
 _____ Yes _____ No

If "Yes," provide the details below.

| Date of Arrest | Date of Conviction | Indictment or Index No. | Charges and Sentence | Court and Jurisdiction |
|----------------|--------------------|-------------------------|----------------------|------------------------|
| | | | | |
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*19. Are there any misdemeanor or felony charges pending against you in any jurisdiction?

_____ Yes _____ No

If "Yes," provide the details below.

| Date of Arrest | Date of Conviction | Indictment or Index No. | Charges and Sentence | Court and Jurisdiction |
|-----------------------|---------------------------|--------------------------------|-----------------------------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*20. Are there any civil lawsuits pending against you in any jurisdiction?

_____ Yes _____ No

If "yes," provide the details below.

| Docket or Case No. and Date | Charge(s) | Status | Court and Jurisdiction |
|------------------------------------|------------------|---------------|-------------------------------|
| | | | |
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| | | | |
| | | | |

Tax ID or SSN: _____

*21. Have you ever knowingly associated with (a) a felon, (b) a person who has or is reputed to have ties to organized crime?

_____ Yes _____ No

If "yes," explain:

*22. Are there any other charges, including, but not limited to, administrative charges by municipal, state or federal agencies, such, but not limited to, the Department of Health, Department of Environmental Protection, Environmental Protection Agency, Department of Labor, or Occupational Safety and Health Administration, presently pending against you?

_____ Yes _____ No

If "yes," provide the details below.

| Agency or Court | Name of the Investigation/Charges | Status |
|-----------------|-----------------------------------|--------|
| | | |
| | | |
| | | |

*23. Do(es) your spouse, child(ren), grandchild(ren), or parent(s) have any ownership interest or financial investment in any wholesale business, market business, seafood delivery business, wholesale seafood business, or loading or unloading business which has applied to, or has been registered by, the New York City Business Integrity Commission and/or previously by the New York City Department of Business Services?
 _____ Yes _____ No

If "Yes," provide the following information.

| Name of Person | Name and Address of Business | Nature and Amount of Investment or Interest | Percentage ownership in the business | Date of Ownership |
|-----------------------|-------------------------------------|--|---|--------------------------|
| | | | | |
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CERTIFICATION

This certification must be completed by the applicant before a notary public.

ANY MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OR REVOCATION OF A CLASS A OR CLASS B PHOTO IDENTIFICATION, THEREBY PRECLUDING THE APPLICANT FROM EMPLOYMENT IN THE CITY'S PUBLIC WHOLESALE MARKETS. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, _____, being duly sworn, state: that
(Applicant Name)

I have read and understood the questions contained in the attached application and its attachments, which consists of _____ pages; and to the best of my knowledge the information given in response to each question and in the attachment is full, complete and truthful; that the New York City Business Integrity Commission and the New York City Department of Investigation may, by any means they or each of them deem appropriate, determine the accuracy and truth of the statements made in this application; and that all the information submitted is for the express purpose of inducing the Business Integrity Commission to issue the applicant a Class A or Class B Photo Identification to work in the City's public wholesale markets.

(Signature of Applicant)

Sworn to before me

this _____ day of _____, 20_____

Notary Public

REV. 11/10

Tax ID or SSN: _____

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