



FOR DCAS USE ONLY	
<input type="checkbox"/> Q _____ Examiner's Initials	<input type="checkbox"/> NQ _____ Examiner's Initials
Date: ___/___/___	Date: ___/___/___

THE CITY OF NEW YORK
DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES
DIVISION OF CITYWIDE PERSONNEL SERVICES - - APPLICATION UNIT
ONE CENTRE STREET / 14TH FLOOR NEW YORK, NEW YORK 10007
 INTERNET ADDRESS: WWW.NYC.GOV/DCAS AUTOMATED TELEPHONE: (212) 669-1357

**APPLICATION FOR LICENSE EXAMINATION
SPECIAL SIGN HANGER**

Before filling out this Application For License Examination, read the requirements and the General Regulations For License Examinations. **PRINT** or **TYPE** the information requested fully and accurately, giving exact names, dates, and addresses.

FEE: \$ 210.00

INSTRUCTIONS FOR FILING APPLICATION

APPLICATIONS MUST BE PROPERLY FILLED OUT, SIGNED, AND FILED **BY MAIL ONLY** TO DCAS APPLICATION SECTION, 1 CENTRE STREET, 14TH FLOOR, NEW YORK, NEW YORK 10007. THE REQUIRED FEE BY **MONEY ORDER ONLY** MADE PAYABLE TO **DCAS (EXAMS)** MUST ACCOMPANY THE APPLICATION. **CHECKS AND CASH WILL NOT BE ACCEPTED.** RETAIN YOUR MONEY ORDER RECEIPT AS PROOF OF FILING. THE EXAMINATION NUMBER AND THE SOCIAL SECURITY NUMBER OF THE CANDIDATE MUST BE WRITTEN ON THE FRONT OF THE MONEY ORDER.

Included in this material is a voter registration form. If you take this opportunity to register to vote, please mail postage-paid form directly to the Board of Elections. The provision of government services is not conditioned on being registered to vote.

EXAM NO.:	SOCIAL SECURITY NUMBER:	DATE OF BIRTH*: (see below)	
<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	
	<small>(Check your card before entering your number)</small>	<small>Month Day Year</small>	
LAST NAME (include Suffix: Jr/Sr/III, etc.)	FIRST NAME	MI	
<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
MAILING ADDRESS (include Street/Avenue/Blvd/Road, etc.)	APT NO.		
<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>		
<small>(include below if applicable: C/O, PH, Floor, etc.)</small>			
<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>			
CITY OR TOWN	STATE	ZIP CODE + FOUR	
<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	
IF YOU LIVE IN NYC, CHECK THE BOROUGH:	DAYTIME TELEPHONE NUMBER (include area code)		
<input type="radio"/> Manhattan <input type="radio"/> Bronx <input type="radio"/> Brooklyn <input type="radio"/> Queens <input type="radio"/> Staten Island	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Ext. <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>		

DECLARATION (To be completed by applicant): I declare under penalties of the Penal Law, that the statements contained in this application are to the best of my knowledge and belief, true and correct and that I have not knowingly and willfully made a false statement or given information which I know to be false in connection herewith.

SIGNATURE: _____ DATE: ___/___/___

* The New York State Executive Law prohibits discrimination on the basis of age, creed, color, national origin, sex, disability, or marital status of any individual. The law allows certain age or sex specification if based upon a bona fide occupational qualification or statutory authorization.

Exam Number: _____ - _____

Your Social Security Number: _____ - _____ - _____

EXPERIENCE: BEGIN WITH THE MOST RECENT RELATED EMPLOYMENT BELOW AND WORK BACK. IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS WITH SAME HEADINGS

PROOF OF EMPLOYMENT: YOU ARE REQUIRED TO ATTACH A COPY OF YOUR W-2 FORM FOR EACH OF THE REQUIRED YEARS OF EXPERIENCE LISTED ON THIS APPLICATION AND A COPY OF YOUR CERTIFICATE OF COMPLETION OR CHALLENGE CERTIFICATE FROM A NYC DEPARTMENT OF BUILDINGS APPROVED SCAFFOLD SAFETY TRAINING PROGRAM.

NOTE: EXPERIENCE ACQUIRED IN NYC MUST BE UNDER THE SUPERVISION OF A NYC LICENSED MASTER SIGN HANGER OR SPECIAL SIGN HANGER

EMPLOYMENT DATES		EMPLOYER'S NAME, ADDRESS, NAME OF YOUR IMMEDIATE SUPERVISOR AND APPLICABLE LICENSE NUMBER
FROM: MO/DAY/YR	TO: MO/DAY/YR	
YOUR TITLE		
LENGTH OF EMPLOYMENT		APPLICABLE LICENSE NO:
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
YEAR(S)	MONTH(S)	
NAME AND CONTACT INFORMATION OF SIGN HANGER LICENSE HOLDER:		

LIST THE SIGN HANGING EXPERIENCE THAT WILL QUALIFY YOU UNDER THE TERMS OF THE REQUIREMENTS.

To qualify, work experience must have been obtained under the direct supervision of a tradesperson who is duly authorized to perform such sign hanging work in the jurisdiction in which this sign hanging work is performed. For example, for sign hanging experience obtained in the City of New York to qualify, that sign hanging experience will be recognized only if it has been obtained under the direct supervision of a duly Licensed Master or Special Sign Hanger.

EMPLOYMENT DATES		EMPLOYER'S NAME, ADDRESS, NAME OF YOUR IMMEDIATE SUPERVISOR AND APPLICABLE LICENSE NUMBER
FROM: MO/DAY/YR	TO: MO/DAY/YR	
YOUR TITLE		
LENGTH OF EMPLOYMENT		APPLICABLE LICENSE NO:
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
YEAR(S)	MONTH(S)	
NAME AND CONTACT INFORMATION OF SIGN HANGER LICENSE HOLDER:		

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FROM: MO/DAY/YR	TO: MO/DAY/YR	
YOUR TITLE		
LENGTH OF EMPLOYMENT		APPLICABLE LICENSE NO:
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
YEAR(S)	MONTH(S)	
NAME AND CONTACT INFORMATION OF SIGN HANGER LICENSE HOLDER:		

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KEEP THIS PAGE FOR YOUR RECORDS. DO NOT RETURN WITH COMPLETED LICENSE APPLICATION.

APPLICATION FOR LICENSE EXAMINATION
SPECIAL SIGN HANGER

(Local Law No. 33 of 2007 as Amended)

READ CAREFULLY BEFORE FILLING OUT APPLICATION ON ATTACHED SHEET

This is NOT an application for City employment. It is an examination application for a license, and possession of the license qualifies the holder for private practice in the field. Names of successful candidates in the license examination will be submitted to the New York City Department of Buildings for consideration for issuance of the license. Persons who are successful in passing the examination must file an application for the license with the Department of Buildings. Before the license is issued by the Department of Buildings, candidates will be required to produce satisfactory evidence of Worker's Compensation Insurance, public liability insurance or bond, and property damage insurance or bond. The holder of a special sign hanger license shall at the time of issuance of the license and during the life thereof, have an established place of business within the City of New York.

Print or Type the requested information fully and accurately, giving exact names, dates and addresses. Any false statement may result in disqualification.

APPLICATIONS: Applications are available during the normal hours of business of the Application Center of the New York City Department of Citywide Administrative Services - Division of Citywide Personnel Services, 2 Lafayette Street, 17th Floor, New York, New York 10007. Completed applications must be mailed to DCAS Application Unit, 1 Centre Street, 14th Floor, New York, New York 10007.

The General Regulations for License Examinations of the New York City Department of Citywide Administrative Services apply to all license or certification examinations given by the Division of Citywide Personnel Services, and are available in the Application Center at 2 Lafayette Street, 17th Floor, New York, New York 10007 and the Application Unit at 1 Centre Street, 14th Floor, Room 1448, New York, New York 10007. Applicants must consult the General Regulations for License Examinations and the specific information contained in this Application For License Examination, and shall be responsible for knowledge of their contents. Keep a copy of all pages of this Application For License Examination for your records.

TYPE OF LICENSE: The license for Special Sign Hanger authorizes the holder thereof to hoist or lower or to hang or attach any sign, not exceeding 150 square feet in area measured on one face only, nor exceeding 1,200 pounds in weight, upon or on the outside of any building.

REQUIREMENTS: Applicants must meet the following qualification requirements at the time of filing for this examination:

1. Be at least 18 years of age; **and**
2. Be able to read and write the English language; **and**
3. Have at least three (3) years' practical experience* (**attach a copy of your W-2 form for each of the required years of experience**) in sign hanging during the period of five (5) years immediately preceding the date of the license application.

Additionally, prior to filing for the examination candidates performing suspension scaffold work must possess a valid "*Certificate of Completion*" or a "*Challenge Examination Certificate*" from a "Scaffold Safety Training Program" approved by the New York City Department of Buildings. **Attach a copy of your "*Certificate of Completion*" or "*Challenge Examination Certificate*".**

The Scaffold Safety Training Programs approved by the New York City Department of Buildings is indicated on the reverse side of this page.

* To qualify, work experience must have been obtained under the direct supervision of a tradesperson who is duly authorized to perform such sign hanging work in the jurisdiction in which this sign hanging work is performed. For example, for sign hanging experience obtained in the City of New York to qualify, that sign hanging experience will be recognized only if it has been obtained under the direct supervision of a duly Licensed Special Sign Hanger.

SCOPE OF EXAMINATION: The examination will consist of a practical test. The practical test will appraise candidates' knowledge of, and ability to read plans and specifications relating to sign construction and erection, including supporting framework or other supports, knowledge of the problems and practices of sign construction and hanging, familiarity with equipment and tools used in sign hanging, knowledge of rules and regulations governing sign hanging, hoisting and rigging in New York City, safe loads on rigging equipment and weights of various materials to be hoisted, knowledge of safety measures and accident prevention, and related matters. Candidates must attain a score of at least 70% in the practical test to be considered for the license. Candidates will also be required to demonstrate their ability to read and write English.

Examinations will be held from time to time as conditions warrant.

FEE: \$210.00 Payment must be by **money order only** made payable to **DCAS (EXAMS)** at the time of filing the application for this examination. Checks and cash will not be accepted. Retain your money order receipt as proof of filing. This fee does not include the fee for the issuance of the Special Sign Hanger's License by the Department of Buildings.

This fee shall entitle the candidate to one practical test.

Refunds will be made only in accordance with Regulation L.5.3 of the General Regulations for License Examinations.

**The City of New York
Department of Citywide Administrative Services
Edna Wells Handy, Commissioner**

APPLICATION FOR LICENSE EXAMINATION
SPECIAL SIGN HANGER - ATTACHMENT

NYC Scaffold Training Course / Apprentice Program:

This list represents the Scaffold Safety Training Programs approved by the New York City Department of Buildings effective September, 2010. The availability of the scaffold training course or apprentice program is tentative and subject to change. You must contact any approved program listed below, for up-to-date scheduling information.

**NYC DEPARTMENT OF BUILDINGS APPROVED
Suspended Scaffold Training Providers 9/2010**

	Name	Training Languages	Contact	Address
1	Safety Net Inc.	English, Polish, Russian, Spanish	Timothy Vogler 347-604-2121 scaffoldclass@yahoo.com	25 Chapel Street Howard Building, Rm. 108 Brooklyn, NY 11201
2	Boiler Makers Union Local # 5	English	Jerry Connolly 516-487-3404 Boilermaker5@optonline.net	24 Van Siclen Ave Qns, NY 11001
3	Cement and Concrete Workers Training Fund	English	Carmine Dettello 718-392-6970 gbe215@aol.com	29-18 35 th Ave LIC, NY 11106
4	District Council Painters #9	English	Costas Diamantis 718-937-7440 ext 102. gdiamantis@dc9.net	45-15 36 St. LIC, NYC 11101
5	IMI Training John Scola Training Center Bricklayers Local #1	English	J. Holsgrove 718-706-0593 AMuniz@imiweb.org	12-07 44th. Ave. LIC, NY 11101
6	Iron Workers Local #40 & 361 Apprentice and Training Facility	English	Bryan Brady 718-433-4195 director@nycironworkers.org	35-23 36th Street Astoria, NY 11106
7	Local # 2 & Local 32 BJ Window Cleaner Union	English	Andrew Horton 212-539-2906 ahorton@32bjfunds.com	101 Avenue of Americas NY, NY 10036
8	Local # 580 Ironworkers Educational Fund	English	Rich Falasca 212-736-1224 Iw580jac@aol.com	501-507 West 42 nd St. NY, NY 10036
9	Mason Tenders District Council Training Local # 79 & 78	English, Spanish, Polish	Sean Brennan 718-383-6863 sbrennan@mttf.org	42-53 21st. St. LIC, NY 11101
10	Safway Steel Products, Inc./ThyssenKrupp Safway Inc.	English, Spanish, Romanian	Jamie Kelly 718-383-8400 jamie.kelly@safway.com	31-31 123 St... Flushing, NY 11354
11	Sheet Metal Worker's Union Local #137	English	Paul Collins 718-937-4113 pete@local137.com	21-42 44th Drive, LIC, NY 11101
12	Spider/Safeworks	English, Spanish	Anthony Corallo 718-349-0700 chris.dombrowski@safeworks.com	58-54 59 St. Maspeth, NY 11378
13	Total Safety Consulting	English, Spanish, Polish	Tom Ferrante 718-389-2103 www.tsctrainingacademy.com	36-06 43 rd Ave LIC, NY 11101
14	Watchtower Scaffold Safety Program	English	David Mann 718-560-5000 dmann@jw.org	25 Columbia Heights, Bklyn, NY 11201
15	R&R Scaffolding, Ltd.	English, Spanish	Christer Hogne 212-517-8837 christer@rrscaffold.com	2 Barrett Avenue Moonachie, NJ 07074