INSTRUCTIONS FOR PERMITTEE REGISTRATION APPLICATION

The instructions below apply to corporations, LLCs, LLPs, partnerships, joint ventures and sole proprietors. Registration applications should be printed on 8 1/2” x 14” paper. Please note all fields marked with an asterisk (*) on the application must be completed.

SECTION 1A THROUGH 1D: APPLICANT INFORMATION

1A. Applicant Information (Corporation, LLC or LLP)
   - Permittee Legal Name*: Enter the legal name of the corporation, limited liability corp. or limited liability partnership as registered with the NYS Department of State (NYSDOS).
   - Tax ID Number (EIN) or Social Security Number*: Enter Tax ID as provided by Internal Revenue Service or SS number as provided by Social Security Administration.
   - NYS Department of State I.D. Number*: Enter your NYS Department of State ID number. If you are unsure of the number it can be found at http://www.dos.ny.gov/corps/.
   - Address*: Enter the applicant’s complete address (address number, street name, apt. /Suite. Post Office Box is not accepted).
   - City, State, Zip Code*: Enter city, state and zip code.
   - Telephone Number*: Enter daytime telephone number.
   - Fax Number: Enter applicants fax number.
   - 24-Hour Emergency Telephone Number*: Enter a telephone number where applicant can be reached at all times (for emergency situations).
   - Permittee E-Mail: Enter email for owner of company or company email address (DOT correspondence pertaining to permits will be sent to this email address). E-mail address is required if applicant wishes to use on-line Permit Management system.
   - NYSDOS Process Name: Enter name to which DOS will mail process if accepted on behalf of the entity.
   - NYSDOS Process Address: Enter address to which DOS will mail process if accepted on behalf of the entity.
   - Assumed Name (Doing Business As): Enter Assumed Name/Doing Business As (DBA) if applicable.

1B. APPLICANT INFORMATION (PARTNERSHIP)
   - Permittee Legal Name*: Enter the legal name of the partnership as filed with Clerk of County.
   - Tax ID Number (EIN) or Social Security Number*: Enter Tax ID as provided by Internal Revenue Service or SS number as provided by Social Security Administration.
   - Index Number: Enter your Index number as provided by County Clerk’s office.
   - Address*: Enter the applicant’s complete address (address number, street name, apt. /Suite. Post Office Box is not accepted).
   - City, State, Zip Code*: Enter city, state and zip code.
   - Telephone Number*: Enter daytime telephone number.
   - Fax Number: Enter applicants fax number.
   - 24-Hour Emergency Telephone Number*: Enter a telephone number where applicant can be reached at all times (for emergency situations).
   - Permittee E-Mail: Enter email for owner of company or company email address (DOT correspondence pertaining to permits will be sent to this email address). E-mail address is required if applicant wishes to use on-line Permit Management system.

1C. APPLICANT INFORMATION (JOINT VENTURE)
   - Permittee Legal Name*: Enter the legal name of the joint venture as provided by the Agreement.
   - Tax ID Number (EIN) or Social Security Number*: Enter Tax ID as provided by Internal Revenue Service or SS number as provided by Social Security Administration.
   - Address*: Enter the applicant’s complete address (address number, street name, apt. /Suite. Post Office Box is not accepted).
   - City, State and Zip Code*: Enter city, state and zip code information
   - Telephone Number*: Enter daytime telephone number.
   - Fax Number: Enter applicants fax number.
   - 24-Hour Emergency Telephone Number*: Enter a telephone number where applicant can be reached at all times (for emergency situations).
   - Permittee E-Mail: Enter email for owner of company or company email address (DOT correspondence pertaining to permits will be sent to this email address). E-mail address is required if applicant wishes to use on-line Permit Management system.

1D. APPLICANT INFORMATION (SOLE PROPRIETORSHIP)
   - Permittee Legal Name*: Enter the legal name of the company.
   - Tax ID Number (EIN) or Social Security Number*: Enter Tax ID as provided by Internal Revenue Service or SS number as provided by Social Security Administration.
   - Address*: Enter the applicant’s complete address (address number, street name, apt. /Suite. Post Office Box is not accepted).
   - City, State and Zip Code*: Enter city, state and zip code information
   - Telephone Number*: Enter daytime telephone number.
   - Fax Number: Enter applicants fax number.
   - 24-Hour Emergency Telephone Number*: Enter a telephone number where applicant can be reached at all times (for emergency situations).
   - Permittee E-Mail: Enter email for owner of company or company email address (DOT correspondence pertaining to permits will be sent to this email address). E-mail address is required if applicant wishes to use the on-line NYCSStreets Permit Management System.
SECTION 2: QUALIFICATION*
- Check all types of work that will be performed by the applicant*.
- Commercial Refuse Container Carting Companies*: You must enter your Business Integrity Commission (BIC) License or Registration number.
- Plumbers*: Enter the plumber's license number and name on license (if applicable).

SECTION 3: Add Contacts
- Check each borough in which the applicant expects to work.*
- Add the Primary Designated Representative to Accept Service of Summons at Your Business Office.*
- Add the Secondary Designated Representative to Accept Service of Summons at Your Business Office.*
- Add the Primary Legal Entity Personnel*: (Officers/Directors /Managing Agents /Owner/ Partners/ Members /Employee, etc.) (USE PAGE 3 FOR ADDITIONAL ENTRIES)
- Add the Secondary Legal Entity Personnel*: (Officers/Directors /Managing Agents /Owner/ Partners/ Members /Employee, etc.) (USE PAGE 3 FOR ADDITIONAL ENTRIES)
- OPTIONAL: To Add Additional Authorized Representatives to Obtain Permits Complete Page 3 (REPRINT PAGE 3 FOR ADDITIONAL ENTRIES)
  - Enter the requested information for all persons authorized to obtain permits for the applicant. Include the names of any expediters/facilitators in this section. If the applicant makes any changes to these authorized representative(s), he or she must resubmit the Permittee Registration Application.

Use the following list to determine the "Contact Type" based on your Legal Entity:
- Corporation: Company Officer, Employee, Facilitator, Other
- LLC: Member, Employee, Facilitator, Other
- LLP: Partner, Employee, Facilitator, Other
- Partnership: Partner, Employee, Facilitator, Other
- Sole Proprietor: Owner, Employee, Facilitator, Other
- Joint Venture: Business Officer, Employee, Facilitator, Other

SECTION 4: Insurance
- First-time Permittee applicants must provide proof of Insurance as indicated in the NYCDOT Highway Rules Section 2-02. For up to date insurance information and forms visit the NYC DOT Street Works Manual: http://streetworksmanual.nyc/appendices/appendixb

SECTION 5: SIGNATURE OF LEGAL ENTITY SIGNATORY (NOTE: THIS INDIVIDUAL’S NAME WILL APPEAR ON ALL DOT PERMITS)
- Print the signatory name and title of the individual authorized to sign for the legal entity. Provide a signature and the date signed.
- Notarize the form.