



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).
- **Applicant 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).
- **Applicant 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).
- **Applicant 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).
- **Applicant 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 NYCStreets Permit Management System.



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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 expeditors/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://streetworksmannual.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.**