



PERMITTEE REGISTRATION APPLICATION

Permittee ID Number (Official Use Only)

LEGAL ENTITY TYPE: (CHECK ONLY ONE)

- CORPORATION, LLC OR LLP (COMPLETE SECTIONS 1A, 2 TO 5) PARTNERSHIP (COMPLETE SECTIONS 1B, 2 TO 5) JOINT VENTURE (COMPLETE SECTIONS 1C, 2 TO 5) SOLE PROPRIETORSHIP (COMPLETE SECTIONS 1D, 2 TO 5)

Field with an asterisk (*) next to it is mandatory.

SECTION 1A: Applicant Information (CORPORATION, LLC OR LLP)

Permittee Legal Name* (As registered with NY State Department of State): Tax I.D. Number* (E.I.N.): or Social Security Number: NYS Department of State I.D. Number*: Address* (Post Office Box Not Accepted): City*: State*: Zip*: Tel #*: Fax #: 24-Hour Emergency Telephone Number* (Must be able to make immediate contact): Applicant E-Mail:

NY State Department of State (NYS DOS) Additional Information

NYS DOS Process Name (Name to which DOS will mail process if accepted on behalf of the entity): NYS DOS Process Address: (Address to which DOS will mail process if accepted on behalf of the entity) Address: City: State: Zip: Assumed Name (Doing Business As):

SECTION 1B: Applicant Information (PARTNERSHIP)

Permittee Legal Name* (As Filed with Clerk of County): Tax I.D. Number* (E.I.N.): or Social Security Number: Index Number (Provided by County Clerk Office): Address* (Post Office Box Not Accepted): City*: State*: Zip*: Tel #*: Fax #: 24-Hour Emergency Telephone Number* (Must be able to make immediate contact): Applicant E-Mail:

SECTION 1C: Applicant Information (JOINT VENTURE)

Permittee Legal Name* (As Provided by the Agreement): Tax I.D. Number* (E.I.N.): or Social Security Number: Address* (Post Office Box Not Accepted): City*: State*: Zip*: Tel #*: Fax #: 24-Hour Emergency Telephone Number* (Must be able to make immediate contact): Applicant E-Mail:

SECTION 1D: Applicant Information (SOLE PROPRIETORSHIP)

Permittee Legal Name*: Tax I.D. Number* (E.I.N.): or Social Security Number: Address* (Post Office Box Not Accepted): City*: State*: Zip*: Tel #*: Fax #: 24-Hour Emergency Telephone Number* (Must be able to make immediate contact): Applicant E-Mail:

SECTION 2: Qualification

Category of Work Performed (Check All That Apply)* General Contractor Government Contractor Sidewalk Contractor Canopy Commercial Refuse Container Other Bus. Integrity Comm. (BIC) License / Registration #: Plumber License Number: Permittee Types (For Official Use Only): A / C / CPY / CRC / G / H / P / S / UC

SECTION 3: Add Contacts		
In what Borough(s) will you be working?*		
(Check All That Apply) <input type="checkbox"/> Manhattan <input type="checkbox"/> Brooklyn <input type="checkbox"/> Queens <input type="checkbox"/> Bronx <input type="checkbox"/> Staten Island <input type="checkbox"/> Citywide		
Primary Designated Representative to Accept Service of Summons at Your Business Office*		
<input checked="" type="radio"/> Contact Type*:	First Name*:	Last Name*:
Purpose (For Official Use Only): B / C / EM / P / S	Tel #*:() -	
Address Same as Primary Address in the Corresponding Section 1 <input type="checkbox"/>		
Address* (Post Office Box Not Accepted):		
City*:	State*:	Zip*:
Secondary Designated Representative to Accept Service of Summons at Your Business Office*		
<input checked="" type="radio"/> Contact Type*:	First Name*:	Last Name*:
Purpose (For Official Use Only): B / C / EM / P / S	Tel #*:() -	
Address Same as Primary Address in the Corresponding Section 1 <input type="checkbox"/>		
Address* (Post Office Box Not Accepted):		
City*:	State*:	Zip*:
Primary Legal Entity Personnel*: (Officers/Directors /Managing Agents /Owner/ Partners/ Members /Employee, etc.) - USE PAGE 3 FOR ADDITIONAL ENTRIES		
<input checked="" type="radio"/> Contact Type*:	First Name*:	Last Name*:
Purpose (For Official Use Only): B / C / EM / P / S	Tel #*:() -	
Address Same as Primary Address in the Corresponding Section 1 <input type="checkbox"/>		
Address* (Post Office Box Not Accepted):		
City*:	State*:	Zip*:
Secondary Legal Entity Personnel*: (Officers/Directors /Managing Agents /Owner/ Partners/ Members /Employee, etc.) - USE PAGE 3 FOR ADDITIONAL ENTRIES		
<input checked="" type="radio"/> Contact Type*:	First Name*:	Last Name*:
Purpose (For Official Use Only): B / C / EM / P / S	Tel #*:() -	
Address Same as Primary Address in the Corresponding Section 1 <input type="checkbox"/>		
Address* (Post Office Box Not Accepted):		
City*:	State*:	Zip*:

OPTIONAL: To Add Additional Authorized Representatives to Obtain Permits Complete Page 3

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 Authorized Signatory (NOTE: THIS INDIVIDUAL'S NAME WILL APPEAR ON ALL DOT PERMITS)	
Signatory Name*:	Title*:
(Please Print)	
Signature*:	Date*: / /

THIS FORM MUST BE NOTARIZED
County of _____ State of New York,
On the _____ of _____, before me personally came _____
to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that _____
executed the same.

Application Notes
<input checked="" type="radio"/> NOTE: E-mail address is required if applicant wishes to use the on-line NYCStreets Permit Management System.
<input checked="" type="radio"/> NOTE: NYCDOT will only issue permits in the name of the licensed plumber or the applicant name as shown on the Department of Buildings Plumbers License (Must attach a copy of the license). If the applicant name being registered is NOT the same as above, you will not be issued any water/sewer permits by NYCDOT.
<input checked="" type="radio"/> NOTE: Use the following list to determine the "Contact Type" based on your Legal Entity:
<ul style="list-style-type: none"> • <u>Corporation</u>: Company Officer, Employee, Facilitator, Other • <u>LLC</u>: Member, Employee, Facilitator, Other • <u>LLP</u>: Partner, Employee, Facilitator, Other • <u>Partnership</u>: Partner, Employee, Facilitator, Other • <u>Sole Proprietor</u>: Owner, Employee, Facilitator, Other • <u>Joint Venture</u>: Business Officer, Employee, Facilitator, Other

(For Official Use Only)	
Approval by:	Date: / /

⌂ This page is only necessary if adding additional contacts. ⌂

OPTIONAL	Additional Legal Entity Personnel: (Officers/Directors /Managing Agents /Owner/ Partners/ Members /Employee, etc.) [REPRINT THIS PAGE FOR ADDITIONAL ENTRIES]		
☛ Contact Type*:	First Name*:	Last Name*:	
Purpose (For Official Use Only): B / C / EM / P / S	Tel #*:() -		
Address Same as Primary Address in the Corresponding Section 1 <input type="checkbox"/>			
Address* (Post Office Box Not Accepted):			
City*:		State*:	Zip*:

OPTIONAL	Additional Legal Entity Personnel: (Officers/Directors /Managing Agents /Owner/ Partners/ Members /Employee, etc.) [REPRINT THIS PAGE FOR ADDITIONAL ENTRIES]		
☛ Contact Type*:	First Name*:	Last Name*:	
Purpose (For Official Use Only): B / C / EM / P / S	Tel #*:() -		
Address Same as Primary Address in the Corresponding Section 1 <input type="checkbox"/>			
Address* (Post Office Box Not Accepted):			
City*:		State*:	Zip*:

OPTIONAL	Additional Authorized Representatives to Obtain Permits [REPRINT THIS PAGE FOR ADDITIONAL ENTRIES]			
First and Last Name*	☛ Contact Type*	Telephone*	Address (Type "SAME" if this contact's address is the same address listed in section 1)	E-Mail (Facilitators Only)