



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?* _____ Manhattan _____ Brooklyn _____ Queens _____ Bronx _____ Staten Island _____ Citywide (Check All That Apply)		
Primary Designated Representative to Accept Service of Summons at Your Business Office*		
☛ 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*		
☛ 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		
☛ 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		
☛ 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: <a href="http://streetworksmannual.nyc/appendices/appendixb">http://streetworksmannual.nyc/appendices/appendixb</a>

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
☛ NOTE: E-mail address is required if applicant wishes to use the on-line NYCStreets Permit Management System.
☛ 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.
☛ NOTE: Use the following list to determine the "Contact Type" based on your Legal Entity: <ul style="list-style-type: none"> <li>• <u>Corporation</u>: Company Officer, Employee, Facilitator, Other</li> <li>• <u>LLC</u>: Member, Employee, Facilitator, Other</li> <li>• <u>LLP</u>: Partner, Employee, Facilitator, Other</li> <li>• <u>Partnership</u>: Partner, Employee, Facilitator, Other</li> <li>• <u>Sole Proprietor</u>: Owner, Employee, Facilitator, Other</li> <li>• <u>Joint Venture</u>: Business Officer, Employee, Facilitator, Other</li> </ul>

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

