



The City of New York
BUSINESS INTEGRITY COMMISSION
100 Church Street · 20th Floor
New York · New York 10007
Tel. (212) 437-0500 · Fax (646) 500-7096

INSTRUCTIONS

CLASS B PHOTO IDENTIFICATION APPLICATION

**PLEASE READ THESE INSTRUCTIONS AND ALL QUESTIONS CAREFULLY
AS THE APPLICATION HAS RECENTLY BEEN REVISED**

Attached is the application for a Class B photo identification card. All questions must be answered completely. If a question is not applicable, write "not applicable" or "N.A." Applications that have not been completed properly will not be accepted and will be returned to the applicant without being processed. An application returned as incomplete will not be deemed submitted.

DOCUMENTS TO BE SUBMITTED

In addition to the application form, a number of documents must be submitted to the Commission in order for the application to be considered.

- Class B Photo Identification Application Notarized Certification, signed and notarized
- Notarized Release, signed and notarized
- **For Fulton Fish Market employees only** - A Blank Access Control Card (photo identification card) must be obtained before submitting your application for processing. A Blank Access Control Card must be submitted with the application for processing. Blank Access Control Cards may be obtained through your employer.
- **All other public wholesale markets** - Photo identification cards will be issued by the Commission.

- All Class B photo identification applications must be submitted with a certified check or money order in the amount of \$100 (one hundred dollars) made **payable to the “New York City Business Integrity Commission.”**
- Proof of Residence – Copy of a utility bill (telephone/gas/electric), current lease agreement, or current mortgage payment. Note: If the utility bill is not under applicant’s name, a notarized statement from the person whose name appears on the bill is required, indicating the applicant resides at the address.
- For each individual employed as a Driver, please provide a clear copy of your driver’s license. For all drivers whose driver’s licenses are not issued by New York State, you must provide an official driving record (abstract) from the state of issuance.

And along with any one of the following documents:

- State Driver’s License and/or a Non-Driver’s License
- Birth Certificate
- Marriage Certificate or court documents (original), if the name is different from what is on the Birth Certificate
- Military Discharge documents (DD Form 214)
- Naturalization Certificate or Passport

ALL FEES ARE NON-REFUNDABLE

THE APPLICANT MUST SUBMIT AN ORIGINAL PLUS ONE COPY OF THE APPLICATION AND ALL DOCUMENTS.

APPLICATIONS SUBMITTED INCOMPLETE WILL NOT BE PROCESSED AND WILL BE RETURNED TO APPLICANT.

NOTE: REQUEST(S) TO WITHDRAW AN APPLICATION WILL BE EVALUATED ON A CASE BY CASE BASIS AND WILL NOT NECESSARILY BE APPROVED.

All applications may be submitted in person or via BIC market agent to:

**NYC Business Integrity Commission
100 Church Street, 20th Floor
New York, 10007**

If you have any questions about this application, please call 212-437-0500.



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CLASS B
PHOTO IDENTIFICATION APPLICATION

-----OFFICE USE ONLY-----

APPLICATION #: _____ DATE RECEIVED: _____

ACCESS CARD CONTROL #: _____ RECEIVED BY: _____

*1. Name of the applicant (first, middle, and last), include maiden name where applicable:

*2. List all aliases, nicknames, maiden name, or any other name(s) or name changes, legal or otherwise.

*3. Home Address: _____

*4. Date of Birth: _____ *5. Social Security Number: _____

*6. Home telephone number(s): _____ *7. Cellular Number: _____

*8. E-mail Address: _____

*9. Name of the applicant's employer:

*** (Asterisk) denotes material information on the application. Any material change in the information shall be reported to the Business Integrity Commission, in a notarized writing, within ten (10) calendar days thereof.**

Tax ID or SSN: _____

10. Position with the employer:

_____ Since (date)

11. MARITAL INFORMATION

Single ____ Married ____ Separated ____ Divorced ____ Widowed ____

A. Current Marriage

Date of Marriage: _____ Place of Marriage: _____
(City, County, State)

Spouse's Full Name (first, middle, last, including maiden name):

Spouse's Date of Birth: _____ Spouse's Social Security Number: _____

Spouse's Home Address (if different): _____

Spouse's Home Telephone No.: _____ Work Telephone No.: _____

B. Previous Marriages

If you have ever been legally separated, divorced, or had a marriage annulled, indicate below.

Full Name of Former Spouse	Date of Birth of Former Spouse	Date of Marriage	Date of Annulment, Separation, or Divorce	Present Address of Former Spouse

Tax ID or SSN: _____

12. **RESIDENCES.** List all residences, including vacation homes, that you have lived in during the last ten (10) years.

Dates (From MM/YR to MM/YR)	Address	Own or Rent	Name, Address, & Telephone Number of Landlord or Mortgage Holder

13. **EMPLOYMENT.** Beginning with your current employment, list your complete work history for the last ten (10) years.

Dates (From MM/YR to MM/YR)	Name, Address & Telephone Number of Employer	Title or Position Held and Brief Description of Duties	Name of Supervisor	Reason for Leaving

Tax ID or SSN: _____

14. Have you ever been fired, asked to resign, or terminated for cause by an employer?

_____ Yes _____ No

If "yes," provide the information below.

Name and Address of Employer	Dates of Action	Action Taken	Reason

*15. Have you ever applied to a governmental agency for any license, registration, permit, or certificate requiring approval by the agency (including driver's license)?

_____ Yes _____ No

If "Yes," provide the following information.

Type of License, Registration, Permit, or Certificate Applied and Date Applied	Name of Agency	Disposition of Application (Approved, Denied, Revoked, Suspended)	Status (Current, Expired, Revoked, Suspended)

*16. Do you or your spouse have any motor vehicles registered in your name?

_____ Yes _____ No

If "Yes," provide the following information.

Make	Year	License Plate Number and State	Address at Which Vehicle is Registered

Tax ID or SSN: _____

CRIMINAL, ADMINISTRATIVE AND INVESTIGATIVE HISTORY

*17. Have you ever been convicted of any criminal offense in any jurisdiction?
 _____ Yes _____ No

In answering this question, **DO NOT** include information regarding any criminal action or proceeding against the applicant business, any current principal of the applicant business, or any past principal of the applicant business that was followed by a termination in favor of that person or business pursuant to New York Criminal Procedure Law § 160.50, by a youthful offender adjudication pursuant to New York Criminal Procedure Law § 720.35, by a conviction for a violation sealed pursuant to New York Criminal Procedure Law § 160.55, or by a conviction sealed pursuant to New York Criminal Procedure Law § 160.58 (conditional sealing of certain controlled substance, marihuana, or specified offenses).

If “Yes,” provide the details below. **(It is not necessary to provide information relating exclusively to traffic violations.)**

Date of Arrest	Date of Conviction	Indictment or Index No.	Charges and Sentence	Court and Jurisdiction

*18. Are there any criminal charges pending against you in any jurisdiction?

_____ Yes _____ No

If "Yes," provide the details below. (It is not necessary to provide information relating exclusively to traffic violations.)

Date of Arrest	Indictment or Index No.	Charges	Court and Jurisdiction

*19. During the past five (5) years, have you ever:

a. been the subject, party, or target of any criminal or civil investigation by a federal, state or local prosecutorial agency, investigative agency, regulatory agency, or committee?

_____ Yes _____ No

NOTE: In answering question 19(a), **DO NOT** include information regarding any criminal action or proceeding against the applicant business, any current principal of the applicant business, or any past principal of the applicant business that was followed by a termination in favor of that person or business pursuant to New York Criminal Procedure Law § 160.50, by a youthful offender adjudication pursuant to New York Criminal Procedure Law § 720.35, by a conviction for a violation sealed pursuant to New York Criminal Procedure Law § 160.55, or by a conviction sealed pursuant to New York Criminal Procedure Law § 160.58 (conditional sealing of certain controlled substance, marihuana, or specified offenses.)

b. received a subpoena or been asked to testify before any court, grand jury, or legislative, civil, criminal or administrative body?

_____ Yes _____ No

c. received a subpoena requiring the production of documents in connection with a federal, state or local investigation?

_____ Yes _____ No

Tax ID or SSN: _____

If you answered "yes" to any of the questions 19 (a) – (c), provide the following details.

Name and Address of Court or Agency	Nature of Proceedings or Investigation	Was Testimony Given?	Date on Which Testimony was Given	Date of Investigation

*20. Are there any civil lawsuits pending against you in any jurisdiction?

_____ Yes _____ No

If "yes," provide the details below.

Docket or Case No. and Date	Charge(s)	Status	Court and Jurisdiction

*21. Have you ever knowingly associated with (a) a felon, (b) a person who has or is reputed to have ties to organized crime?

_____ Yes _____ No

If "yes," explain:

*22. Are there any other charges, including, but not limited to, administrative charges by municipal, state or federal agencies, such, but not limited to, the Department of Health, Department of Environmental Protection, Environmental Protection Agency, Department of Labor, or Occupational Safety and Health Administration, presently pending against you?

_____ Yes _____ No

If "yes," provide the details below.

Agency or Court	Name of the Investigation/Charges	Status

*23. Do(es) your spouse, child(ren), grandchild(ren), or parent(s) have any ownership interest or financial investment in any wholesale business, market business, seafood delivery business, wholesale seafood business, or loading or unloading business which has applied to, or has been registered by, the New York City Business Integrity Commission and/or previously by the New York City Department of Business Services?
 _____ Yes _____ No

If "Yes," provide the following information.

Name of Person	Name and Address of Business	Nature and Amount of Investment or Interest	Percentage ownership in the business	Date of Ownership

CERTIFICATION

This certification must be completed by the applicant before a notary public.

ANY MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OR REVOCATION OF A CLASS A OR CLASS B PHOTO IDENTIFICATION, THEREBY PRECLUDING THE APPLICANT FROM EMPLOYMENT IN THE CITY'S PUBLIC WHOLESALE MARKETS. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, _____, being duly sworn, state: that
(Applicant Name)

I have read and understood the questions contained in the attached application and its attachments, which consists of _____ pages; and to the best of my knowledge the information given in response to each question and in the attachment is full, complete and truthful; that the New York City Business Integrity Commission and the New York City Department of Investigation may, by any means they or each of them deem appropriate, determine the accuracy and truth of the statements made in this application; and that all the information submitted is for the express purpose of inducing the Business Integrity Commission to issue the applicant a Class A or Class B Photo Identification to work in the City's public wholesale markets.

(Signature of Applicant)

Sworn to before me

this _____ day of _____, 20_____

Notary Public