



LIMITED HOISTING MACHINE OPERATOR LICENSE:
**Articulating Boom Crane, Mini Crane,
 Telehandler – Experience Affidavit**
for license applications submitted on or before November 6, 2024

Date: _____
 (XX/XX/20XX)

Applicant Name: _____
 (Please Print)

Employer or Union Representative Name: _____
 (Please Print)

PURPOSE

This form is to be used by applicants applying for a limited hoisting machine operator (HMO) license for 1) articulating boom cranes, 2) mini cranes, or 3) telehandlers and who wish to credit previous experience operating in New York City under the grandfathering pathway established by 1 RCNY 104-09(a)(4)(iii).

- Articulating boom crane means a crane whose boom consists of a series of folding, pin connected structural members, typically manipulated to extend, or retract by power from hydraulic cylinders, and which is attached to a commercial truck chassis.
- Mini crane means a mobile crane, other than a boom truck or telehandler, with a telescoping boom, including jibs and any other extensions to the boom, not exceeding 50 feet (15 240 mm) in length with a manufacturer’s rated capacity of 3 tons (2.72 t) or less.
- Telehandler means a machine that consists of a powered chassis onto which is mounted an extendable boom. The outer end of the boom can be fitted with various lifting or manipulative devices, including but not limited to pallet forks, truss booms, jibs, or winches.

NOTE: For the purposes of this affidavit, only experience operating a rotating telehandler – a telehandler whose boom is mounted on a rotating or slewing superstructure - will qualify

INSTRUCTIONS

Please read and follow these directions for filling out the form.

- Applicant’s name **must** appear on every page.
- Please **print** or **type** your answers. Illegible entries will not be considered.
- **All** sections of this form **must** be completed.
- The form **must be signed by both the applicant and a duly authorized representative of the applicant’s employer or union.**
- The Department may request paystubs, W-2s, union membership records, or similar records to verify employment or union membership.
- If the applicant is the owner or officer of a company for which applicant operated the equipment, the applicant may also sign as the representative of the employer. This includes scenarios where the applicant is self-employed. The Department may request records of ownership and incorporation to verify status as an owner or officer.
- This form **must** be notarized.
- To qualify under the grandfathering pathway established by 1 RCNY 104-09(a)(4)(iii), this form must be submitted as part of a license application submitted **on or before November 6, 2024**. Multiple forms may be submitted as needed to document experience from multiple employers or unions. This form, or multiple forms when submitted together, must indicate that the applicant has obtained at least 1,500 hours of qualifying experience for the type of license sought. Applications that indicate fewer than 1,500 hours of qualifying experience for the type of license sought will not qualify under the grandfathering pathway.
- If applying for more than one license type, a **separate** license application must be submitted for each license type.



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License applying for (*select one ONLY*):

- Limited HMO Articulating Boom Crane Limited HMO Mini Crane Limited HMO Telehandler

1. APPLICANT'S INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
Date of Birth (XX/XX/XXXX): _____
Telephone Number: _____ Email Address: _____
Home Address/Street: _____
City: _____ State: _____ Zip Code: _____

2. EMPLOYER OR UNION INFORMATION

Duly authorized representative of (*select one*): Employer or Union

Last Name: _____ First Name: _____ Middle Initial: _____
Business Name: _____
Business Title: _____
Business Phone Number: _____ Business Email Address: _____
Business Address/Street: _____
City: _____ State: _____ Zip Code: _____

3. CERTIFICATIONS

It is unlawful to make a false statement to the Department; or to give a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly forming the job or in exchange for special consideration. Such actions are punishable by imprisonment, fine and/or loss of license.

3A: Employer or Union Certification

I, _____, above-named representative of _____ (employer/union name),
certify that the applicant, _____, has, between January 1, 2019, and (*today's date*) ____/____/20____
obtained (*select one value only*) at least 1,500 hours, or, if fewer than 1,500 hours, _____ hours of experience operating
(*select one equipment type only*) articulating boom cranes, mini cranes, or rotating telehandlers in New York City as an
employee of/member of (employer/union name) _____, with the operation performed in connection with
building or infrastructure construction, alteration, or demolition work, or the installation or removal of temporary structures or
temporary construction installations, or the delivery or retrieval of materials, equipment, or other items to/from a building; but
excluding work in industrial or commercial plants or yards.



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EMPLOYER OR UNION REPRESENTATIVE

Name (please print): _____

Signature: _____ Date: _____

STATE OF _____)

COUNTY OF _____) SS.:

On the ____ day of _____ in the year 20____, the above signatory, _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual described in the foregoing instrument, personally appeared before me and subscribed his/her name to the above statement and, after being duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.

(Affix Stamp/Seal Here)

(NOTARY PUBLIC)

3B: Applicant Certification

I, _____, the applicant, certify that I have obtained the experience listed above in 3A. I further certify that I (select one only) have, have **not**, within the five (5) years preceding the date of this application, received a violation, citation, or summons** for the unsafe operation of a crane or telehandler or been found liable for the unsafe operation of a crane or telehandler.

** Including but not limited to those issued by the New York City Department of Buildings, the United States Department of Labor Occupational Safety and Health Administration, or other governmental agency that regulates the operation of cranes or telehandlers.

If you select **have**, attach a copy of the ticket, summons, or other official citation, as well as a copy of the judgement or other official documentation reflecting the resolution.

APPLICANT

Name (please print): _____

Signature: _____ Date: _____

STATE OF _____)

COUNTY OF _____) SS.:

On the ____ day of _____ in the year 20____, the above signatory, _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual described in the foregoing instrument, personally appeared before me and subscribed his/her name to the above statement and, after being duly sworn upon his/her oath, says that the facts alleged in the foregoing instrument are true.

(Affix Stamp/Seal Here)

(NOTARY PUBLIC)