

CD4: Tower & Mobile Crane / Derrick / Mast Climber / Pile Driver On-Site Inspection Application / Certificate File 4 copies / Application must be typewritten

			CN Number:				
1A Application Type	1B I	Equipment Type					
New Renewal A	mendment N	Mobile Crane Mobile To	wer Crane Fix / Climber	Crane Fix / Climber Tower Crane Derrick Mast Climber Pile Driver			
2 Location Informat	ion .						
Borough			Block	Lot			
Address		Job Number					
3A Crane / Derrick / N	last Climber / Pile D	river Information	3B Configuration	ı / Phase Informatio	on		
CD Number	Serial Number	Expiration Date	Mast (fi		Jib (ft)	Total (ft)	
1	Ocha Namber	Expiration Date	1	Doom (it)	oib (it)	rotal (it)	
2			2				
3			3				
4			4				
_ 5			5				
6			6				
4 Applicant Informa	tion	5 Equipment User Information					
Name E-Mail			Name	ne E-Mail			
Title	Title Lic#			Title			
Business Name			Company				
Address			Address				
City	State Zip		City	Sta	State Zip		
Phone	Phone Fax			F	Fax		
			to special consideration. Violation is pullistrative by imprisonment of line or both. Turiderstand that it is eknowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, ons of this code or of a rule of any agency, I may be barred from filing further applications or 6B Equipment User's Statement				
hereby makes application for derrick / mast climber / pile di	uthorized by the owner of the p the approval of the use of the t iver described above to be use ipanying plans and specification	I hereby state that the obtained. Signature	above equipment will not be u	e equipment will not be used until a valid On-Site inspection is Date			
Signature	Signature Date			6D Mast Climber Supervisor's Statement I am a Professional Engineer or an experienced person qualified for the installation,			
Seal (apply seal, then	n sign and date over se	dismantling, operation and maintenance of the equipment listed in section 3A above. I am aware that this equipment shall not be used as a personnel or material hoist. I will					
6C Crane Safety Coor		supervise the mast climber installation and operation for this project in accordance with NYC approved drawings, Manufacturer's recommendations and all applicable Federal, State and City laws, rules and regulations.					
As a Professional Engineer or a person having at least five years of construction experience, I hereby certify that I will act as the designated safety coordinator and shall be responsible for the control of pedestrian and vehicular traffic within the designated hoist areas. I shall also supervise compliance with this On-site Inspection Certificate and its			Name				
drawings.			City	State	Zip		
Name	License	Number	Phone	Fax			
Address City	State	Zip	Signature		Date		
Phone	Fax	ΔΙΡ			Date		
Signature				Additional Information:			
Internal Use Only							
Date Received	Date Received Invoice/Receipt Number			Fee Paid			
Examiner's Name (please print)			Inspector's Name (please print)				
Signature (Issuance) Date			Signature	Date			
Expiration date	Expiration date						
			Badge Number				