

Applicant Name: _____
(Please Print)

Business where Applicant was employed: _____
(Please Print)

Applicant Instructions

Please print your name and the name of the company for which you worked and give this form to EACH employer that you have worked for during the timeframe you are claiming as qualifying experience.

Employer Representative Instructions

The above Applicant has applied to become a Registered Construction Superintendent with the New York City Department of Buildings. The Applicant indicated in his/her application that he/she gained qualifying experience while working for the above business/firm.

Please read and follow these directions before filling out the form:

- All sections of this verification form must be completed by a person authorized to by the business to verify employee titles, duties and responsibilities.
- An Employer Representative and NOT THE APPLICANT **must** complete all portions of this verification form. It **must** be signed and notarized.
- Answer every question or indicate 'N/A' (not applicable) when the question does not apply to you.
- Once completed, please give the ORIGINAL notarized verification form(s) to the Applicant.
- You may include additional information in the Comment Section or you may attach additional pages if needed.

**YOUR FAILURE TO RESPOND MAY RESULT IN THE APPLICANT'S DISQUALIFICATION
FOR THIS REGISTRATION.**

EMPLOYER INFORMATION

Your name: _____

Your current job title: _____

Your previous job title*: _____

Your current telephone number: _____ Email address: _____

Do you hold any **Professional** licenses, certifications, or registrations? Yes No

License Type & No.: _____ Issuing Agency: _____

License Type & No.: _____ Issuing Agency: _____

APPLICANT'S EMPLOYMENT INFORMATIONEmployed From _____ To _____ Full Time¹ Part Time

Applicant's Position/Title(s): _____

1. Is applicant able to read construction plans and specifications? Yes No

2. Did the Applicant obtain field experience as a:

a. Safety Official with this employer? Yes No

b. Safety Manager or Safety Engineer with this employer? Yes No

c. The employer was a (check one)

 Government entity Construction firm Safety consulting firm specializing in construction or demolition

3. While at this employer OR while working with this client, did the applicant work with plans in a relevant construction trade in furtherance of the construction, vertical or horizontal enlargement or full demolition of a building or structure? Yes No

If yes to Question 3, describe the type of work done by the Applicant (*continued on next page*)¹ Full time employment is working a minimum of 35 hours, per week. The Department will verify with the Applicant's proof of earnings.

*Complete this section if your title has changed within the company or you are no longer employed by this company.

Applicant's Name _____

Employer Rep. Initial here _____

4. Are you aware of any acts or omissions by the Applicant that may reflect on his/her moral character?
Yes No

COMMENTS:

I, the person signing below, have voluntarily provided the attached information on the verification form regarding this Applicant. I attest and affirm to the truthfulness of my statements and fully understand that any false statement or any material omission made in connection with this document is sufficient cause for The City of New York to deny the registration being sought by the applicant. I also understand and agree that that any false statement or any material omission made in connection with this document is sufficient cause for the City Of New York to invalidate, rescind or revoke any and all licenses and/or registrations that were issued to me under the jurisdiction of the NYC Department of Buildings. In addition, I understand that any such false submission may subject me to criminal charges, including, but not limited to, New York State Penal Law sections 175.35 (offering a false statement for filing) and 240.40 (sworn false statement) and/or title 18 U.S.C section 1001 (false or fraudulent statement), which may result in imprisonment, a fine, or both.

Print your name: _____

Sign your name: _____ Date: _____

STATE OF _____)

COUNTY OF _____) SS:

On the _____ day of _____ in the year _____, the undersigned,

_____, personally known to me or proved to me on the basis of satisfactory evidence, personally appeared before me and subscribed his/her name to the above Verification and, after being duly sworn upon his oath, says that the facts alleged in the foregoing affidavit are true.

(Notary Public)

Applicant's Name _____

Employer Rep. Initial here _____