

1 APPLICATION TYPE

☐ New
 ☐ Annual Renewal
 ☐ Course Addition
 ☐ Information Update

2 COURSE PROVIDER CATEGORY

☐ ANSI Accredited
 ☐ Higher Education Institution
 ☐ Not-for-Profit
 ☐ Union
☐ NYC Department of Education & Government Agency
 ☐ NYS Education Department/Trade School

3 BUSINESS INFORMATION *(If a DBA is applicable, supporting documents must be submitted.)*

Legal Name of Business: _____
 Business' Trade or Doing-Business-As (DBA) Name: _____
 Business Address: _____ Business Telephone: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Business Website: _____

4 APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____
 Social Security No: _____ Date of Birth (MM/DD/YY) _____
 Job Title: _____ Mobile Telephone: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____

5 POINT OF CONTACT INFORMATION *(If the individual is different from the applicant, fill out this section)*

Last Name: _____ First Name: _____ Middle Name: _____
 Job Title: _____ Mobile Telephone: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____

6 DESIGNATED EMPLOYEES FOR TRAINING CONNECT ACCESS

FULL NAME	EMAIL ADDRESS

7 COURSES

Use this section to select courses for which you are requesting approval. **(P)** in-person; **(V)** virtual (select all applicable).

P	Concrete Courses
<input type="checkbox"/>	8-Hour Concrete Safety Manager Refresher
<input type="checkbox"/>	30-Hour Concrete Safety Manager

P	Scaffold Courses
<input type="checkbox"/>	4-Hour Supported Scaffold User & Refresher (Scaffold Card and SST)
<input type="checkbox"/>	8-Hour Supported Scaffold Installer & Remover Refresher
<input type="checkbox"/>	8-Hour Suspended Scaffold Supervisor Refresher
<input type="checkbox"/>	8-Hour Suspended Scaffold User Refresher
<input type="checkbox"/>	16-Hour Suspended Scaffold User
<input type="checkbox"/>	32-Hour Supported Scaffold Installer & Remover
<input type="checkbox"/>	32-Hour Suspended Scaffold Supervisor

P	Cranes & Derricks Courses
<input type="checkbox"/>	8-Hour Hoisting Machine Operator Refresher
<input type="checkbox"/>	8-Hour Lift Director Refresher
<input type="checkbox"/>	8-Hour Rigging Worker Refresher
<input type="checkbox"/>	16-Hour Rigging Supervisor Refresher
<input type="checkbox"/>	16-Hour Rigging Worker
<input type="checkbox"/>	16-Hour Special Rigger
<input type="checkbox"/>	32-Hour Lift Director
<input type="checkbox"/>	32-Hour Rigging Supervisor
<input type="checkbox"/>	40-Hour Hoisting Machine Operator

P	V	Electrical Course
<input type="checkbox"/>	<input type="checkbox"/>	8-Hour Master & Special Electrician Renewal

P	V	Plumbing Courses
<input type="checkbox"/>	<input type="checkbox"/>	7-Hour Master Plumber & Master Fire Suppression Piping Contractor Renewal
<input type="checkbox"/>	<input type="checkbox"/>	7-Hour Periodic Gas Piping Inspector Qualification
<input type="checkbox"/>	<input type="checkbox"/>	16-Hour Limited Gas Work Qualification

P	V	Safety Courses
<input type="checkbox"/>	<input type="checkbox"/>	8-Hour Site Safety
<input type="checkbox"/>	<input type="checkbox"/>	40-Hour Site Safety

P	V	Cranes & Derricks Courses
<input type="checkbox"/>	<input type="checkbox"/>	4-Hour Mast Climber User/Operator and Refresher
<input type="checkbox"/>	<input type="checkbox"/>	8-Hour Climber/Tower Crane Rigger Renewal
<input type="checkbox"/>	<input type="checkbox"/>	8-Hour Hoisting Machine Operator Class B Rating
<input type="checkbox"/>	<input type="checkbox"/>	8-Hour Special Rigger Renewal
<input type="checkbox"/>	<input type="checkbox"/>	30-Hour Climber/Tower Crane Rigger

8 SITE SAFETY TRAINING (SST) COURSES

Use this section to select courses for which you are requesting approval. **(P)** in-person, **(V)** virtual or **(O)** on demand (select all applicable). *NOTE: Non-for-Profits are only authorized to instruct SST Courses under LL219 of 2019.*

P	V	O	SST General Elective Courses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Electrocutation Prevention
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Fire Protection and Prevention
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour First Aid and CPR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Handling Heavy Materials and Proper Lifting Techniques
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Hoisting and Rigging
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Materials Handling, Storage, Use, and Disposal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Protection from Sun Exposure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Repetitive Motion Injuries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Stairways and Ladders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Tools Hand and Power

P	V	O	SST Specialized Elective Courses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Asbestos/Lead Awareness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Concrete and Masonry Construction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Confined Space Entry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Cranes, Derricks, Hoists, Elevators, and Conveyors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Demolition Safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Ergonomics
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Excavations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Flag Person
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Health & Safety Programs in Construction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Job Hazard Analysis

P	V	O	SST Prescribed Courses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-Hour Drug and Alcohol Awareness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-Hour Pre-Task Meeting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-Hour Site Safety Plan (SSP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-Hour Toolbox Talks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-Hour Supported Scaffold User and Refresher (<i>SST only</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-Hour Fall Prevention
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-Hour Fall Prevention

P	V	O	SST Specialized Elective Courses (<i>cont.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Personnel Lifts: Aerial Lifts, Scissor Lifts & Mobile Scaffolds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Motor Vehicles, Mechanized Equipment and Marine Operations; Rollover Protective Structures and Overhead Protection; and Signs, Signals and Barricades
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Risk Assessment & Accident Investigation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Scaffolds-Suspended
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Steel Erection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-Hour Welding and Cutting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.50-Hour Foundations for Safety Leadership

9 LICENSING HISTORY

List all licenses, certifications, or registrations issued to applicant, by any City or State.

NAME	TYPE	LIC/CERT/REG NO.	CURRENT STATUS	EXP. DATE

If you answer **YES** to any of the following questions, please indicate the type of license/certification/registration with additional details in **Section 10: COMMENTS**.

- ☐ YES ☐ NO Have any licenses or privileges granted to you or your associated business(es) by the NYC Department of Buildings or any other government entity ever been rescinded, revoked, surrendered, suspended, otherwise disciplined?
- ☐ YES ☐ NO Have any license application(s) ever been denied to you by the Department of Buildings or any other government entity?

10 COMMENTS

11 CONVICTIONS & FINES FOR APPLICANT

If you answer **YES** to any of the following questions, you **must** complete and attach form **LIC34**.

- ☐ YES ☐ NO Have you ever been convicted or pled guilty to an offense anywhere? *An offense is defined as a violation, misdemeanor or felony.* For renewal applicants, were you convicted since your last renewal?
- ☐ YES ☐ NO Do you owe any penalties to the City of New York? **DO NOT INCLUDE PARKING FINES**
- ☐ YES ☐ NO Does any company or business you have been associated with under your Department-issued license owe any fines, penalties or fees to the City of New York that were incurred during your association with that company or business?

12 COURSE PROVIDER STATEMENT & SIGNATURES

As a condition of being granted a license, I attest that I comply with all New York City Administrative Code and Department rules, regulations, and directives governing how licensees conduct their specific trade. I understand it is unlawful to make a false statement to the Department; or to give to a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Such actions are punishable by imprisonment, fine and/or loss of license. In the event of an accident that involves my actions undertaken in connection with my license, I understand that the Administrative Code requires that I cooperate with any investigation and that failure to do so may result in immediate suspension, revocation or other disciplinary action.

I understand that course instructors must be credentialed or trained in instructional methods, and knowledgeable in the subject matter being taught. Additionally, if to the extent that the course instructor(s) holds, or has held, a trade license issued by the Department, it must be in good standing and not have been suspended by, surrendered to, or revoked by the Department.

I hereby state that as a condition to having the checked course(s) approved, I attest that as the course provider, I must comply with 1 RCNY105-03, all applicable laws, Department rules, regulations and directives governing Department approved courses. I will ensure that any of the checked courses required will be taught in accordance with the most current NYC DOB Department approved course requirements as posted on the Department's website. I understand that any code or rule violations including failure to adhere to approved course requirements may result in the Department's revocation of its approval for any and all courses.

NOTICE: Once approved, you will receive an approval letter, be posted on the Department-approved Course Providers List, and receive access to NYCDOB Training Connect.

Applicant's Name (<i>print</i>)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury	
	day of 20	
Date	Notary Signature	

FOR INTERNAL USE ONLY		
Date Received:	Fee Paid: \$	Date Finalized:
Reviewed by:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Tracking No.:	Transaction Type:	