





New License Qualification Applications: Elevator Agencies

The following Step-by-Step Guide will outline the steps applicable to License Qualification Applications for Elevator Agencies in DOB NOW: *Licensing*.

HELPFUL LINKS

YouTube.com/DOBNOW

......

NYC.gov/DOBNOWINFO



NYC.gov/DOBNOWHELP

GS @NYCBuildings

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Overview

This step-by-step guide will provide applicants with a systematic understanding of how to request a new license for an Elevator Agency in DOB NOW: *Licensing*.

This step-by-step guide will explain and visually show an applicant how to navigate the License

Dashboard.

The DOB NOW: Licensing module allows users to take actions that were previously restricted to the BIS

system, as well as offering license types that are new to New York City Elevator Agencies.

Requirements

- All License Qualification Applications (LQAs) will now flow through DOB NOW: *Licensing*, both for new Applications and for Renewals.
- Elevator Agency Directors will require a linked Business Approval Request (BAR). This will need to be requested after the initial approval of the LQA but before the License Card can be received. The BAR can be for a new Elevator Agency or for a change to an existing Elevator Agency. See the Elevator Business Approval Request Step-by-Step for instructions in how to create a BAR.
- All other Elevator Agency licenses (Co-Directors, Inspectors, Technicians, Limited Technicians and Helpers) will need to associate their LQAs with an existing Elevator Agency.

SYSTEM GUIDELINES

- 1. Fields with a red asterisk (*) are required and must be completed.
- 2. Grayed-out fields are Read-Only or are auto-populated by the system.
- Depending on the size of your screen or browser you may have to use the scroll bar to view more options or full fields.

Enter email/user	mame	Select:	•		
ling Representat	ive Information		2		
+ Add Represe	entative				
First Name	Last Name	Email	Business Name	Business Telephone	A
ADAM	JOE2	AJOETEST2@GMAIL.COM	AJ2	(201) 222-3333	Ø
ADAM					

ADDITIONAL HELP & INFORMATION

- 1. Video Tutorials: DOB NOW YouTube Channel: <u>https://www.youtube.com/user/NYCBUILDINGS</u>
- 2. Presentations & Sessions: <u>https://www1.nyc.gov/site/buildings/industry/dob-now-training.page</u>

Create a DOB NOW: Licensing Login

Follow the steps below to create a DOB NOW: *Licensing* login.

Step	Action
i	This section will describe how to create a new login for DOB NOW. This is the process for users who do not currently have an Elevator Agency license.
	If you have an existing Elevator Agency license, your eFiling login will be automatically given access to DOB NOW: <i>Licensing</i> on June 25, 2022. If you do not have a DOB NOW login, you will be able to log in using your BIS email address and password.
	Additionally, DOB recommends that you turn off pop-up blockers to successfully navigate within DOB NOW.
	For Step-by-Step instructions, please submit a question to www.nyc.gov/dobnowhelp or refer to the following links:
	How to Turn Off Pop-up Blockers: https://www1.nyc.gov/assets/Buildings/pdf/allow_pop-up_blockers.pdf
	How to Register for eFiling: https://www1.nyc.gov/assets/Buildings/pdf/registration_tip_owners.pdf
1.	Access the Internet.
	(Chrome, Edge, or Safari are recommended for best compatibility)
2.	Enter <u>www.nyc.gov/dobnow</u> in the URL field at the top of the browser window.
	C→ C→ Www.nyc.gov/dobnow File Edit View Favorites Tools Help
3.	Press Enter on your keyboard.

Step Action The DOB Login page displays. DOB DOB DOB ESSENTIAL CONSTRUCTION NOW BIS OPTIONS NOW NOW LICENSING NYS E0 202.6 SAFETY Submit the following transactions for items found in <u>BIS</u>: Submit Compliance filing Submit Jobs for: Submit License filing fo Submit the following transactions wibmit Jobs for: - Antenna - Foundation - Sign • Bolier - General Construction - Sprinkfers Equipment - Limited Alteration - Structural • Construction Application - Structural • Fence Hechanical System - Supported Scattodia • Curb cut - Pilace of Assembly - Supported Scattodia of Temporary Place of Assembly • Elevators - Videwalk Shed - Stembly Submit Weekly Safety Inspection Reports as outlined in <u>Buildings</u> <u>Bulletin 2020-006</u>. Welder Journeyman Gas Work Qualification Only Boiler Elevator Facades Certificate of <u>Correction</u> Review Requests Civil Penalty Review Requests (L2) License Renewal Applications Solier (RL, FB, FS) Sign Off Request Submit Rescission Requests for COVID-19 Safety Guidance Stop Work Orders Search/Submit Violation Payments and Waivers for <u>Elevator</u> <u>Boiler</u> Log In to **Submit** Jobs, Filings and Applications: Search the Public Portal for Filings and Permits Submitted in Enter your eFiling or DOB NOW: Licensing House Number Street Name Borough Email Select Borough ~ Password Job Number Search To use DOB NOW: Build or Safety, register for an eFiling account here. To reset your eFiling

Step	Action
4.	Create a new Licensing profile by clicking on the word here in the second paragraph under the login prompt.
	Log In to Now to Submit Jobs, Filings and Applications:
	Enter your eFiling or DOB NOW: Licensing account information
	Email
	Email
	Password
	Password
	Login
	To use DOB NOW: Build or Safety, register for an eFiling account here. To reset your eFiling password, click here.
	Welder, Journeyman and Gas Work Qualification Applicants only – click here to create a new DOB NOW: Licensing profile. To change your DOB NOW profile password, click here.
	Need more help? Contact us.

Action		
The system will asl	k if you have an existing login profil	e. Click No .
Confirm	×	
Do you have any of licenses/qualificatio • Welder • Journeyman	the following DOB issued ns? Yes No	
 First N Middle Last N: Email Passwo 	lame e Initial (optional) ame ord (and re-enter the Password)	
Click tl	he checkbox to sign	
Create Profile – DOB M	he checkbox to sign	
Create Profile – DOB N First Name*	he checkbox to sign NOW Licensing Middle Initial Last Name*	Password Requirements
Click the Create Profile – DOB N First Name*	he checkbox to sign NOW Licensing Middle Initial Last Name* MI Last Name	Password Requirements Must contain atleast 8 characters
Create Profile – DOB N First Name* First Name Email* example@XXXX.com	he checkbox to sign NOW Licensing Middle Initial Last Name* MI Last Name	Password Requirements Must contain atleast 8 characters Must contain one lower and uppercase letter Must contain one non-alpha and special
Create Profile – DOB N First Name* First Name Email* example@XXXX.com Password*	he checkbox to sign NOW Licensing Middle Initial Last Name* MI Last Name	Password Requirements Must contain atleast 8 characters Must contain one lower and uppercase letter Must contain one non-alpha and special character
Create Profile – DOB N First Name* First Name Email* example@XXXX com Password* Combination of A-Z, a	he checkbox to sign NOW Licensing Middle Initial Last Name* MI Last Name -z. 0-9 and any special characters (1 @ #\$)	Password Requirements Must contain atleast 8 characters Must contain one lower and uppercase letter Must contain one non-alpha and special character Must match with password
Create Profile – DOB N First Name* First Name Email* example@XXXX.com Password* Combination of A-Z, a Re-enter Password*	he checkbox to sign NOW Licensing Middle Initial Last Name* MI Last Name -z, 0-9 and any special characters (? @ #\$)	Password Requirements Must contain atleast 8 characters Must contain one lower and uppercase letter Must contain one non-alpha and special character Must match with password
Create Profile – DOB N First Name* First Name Email* example@XXXX.com Password* Combination of A-Z a Re-enter Password* Match Password	he checkbox to sign NOW Licensing Middle Initial Last Name* MI Last Name -z, 0-9 and any special characters (1 @ #\$)	Password Requirements Must contain atleast 8 characters Must contain one lower and uppercase letter Must contain one non-alpha and special character Must match with password

Step	Action
7.	A Statements & Signature pop-up will appear. Click Accept.
	Statements & Signature
	As a condition of being granted a license/registration and/or qualification from the New York City Department of Buildings, I attest that I comply with all New York City Administrative Code and Department rules, regulations, and directives governing how licensees/ registrants/qualification holders conduct their specific trade. I have reviewed the information provided in this application and, to the best of my knowledge and belief, attest to its accuracy. I understand that falsification of any statement made to the Department is a misdemeanor and that it is also unlawful 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/registration and/or qualification, I understand that involves my actions undertaken in connection with my license/registration and/or qualification, 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.
	Accept Decline
8.	Click the Confirm button on the New Profile Confirmation pop-up.
	New Profile Confirmation
	Are you sure you want to submit your profile creation request? Please confirm.
	Confirm Cancel

Step	Action
9.	You will receive an email notifying you that your account has been set up. Click on the link to activate the Profile.
	DOBNOW donotreply <crmbuildnycdev@buildings.nyc.xxx> to me ▼ Click the below link to activate your Profile. Click here to activate. After you click this link, you will receive an email confirming your Profile activation. This profile activation link is valid for the next 30 days. This is an automated message. Please do not reply. If you have any questions, submit an inquiry at www.nyc.gov/dobnowhelp. Sincerely, NYC Department of Buildings DOBCE Buildings</crmbuildnycdev@buildings.nyc.xxx>
10.	Log into DOB NOW. The DOB NOW Welcome page displays. Click DOB NOW: Licensing.
	Gas Work Qualification, Journeyman and Welder Applications, Renewals, Reissue and Change Requests are available under DOB NOW: Licensing. Boiler, Elevator, Energy (Building Emissions) and Facade Compliance Filings; COVID-19 Safety Guidance Stop Work Order Rescission Requests; Closed Site Notifications, Boiler and Elevator Violation Payments and Waiver Requests are available under DOB NOW: Safety. New Building, Alteration-CO, Alteration, Limited Alteration, Place of Assembly, Cranes, BIS Schedule of Occupancy and Certificate of Occupancy filings are available under DOB NOW: Build Certificate of Correction Review Requests to the Administrative Enforcement Unit (AEU), Civil Penalty Review Requests (L2), New and Renewal License Applications and Records Requests are available under BIS Options. Get started by selecting a module below. Image: Bis Society Bis Bis Society Bis Society Bis Bis Society Bis Society Bis

Step	Action	
	The DOB NOW: Licensing Dashboard displays. The My Applications Dashboard disp	lays by default.
	Bull Bullings 311 South	all NYC.cov websites
	DOB DOB NOW Now Submit Filings, Payments, and Requests to the NYC Department of Buildings	Welcome, Elevator License09 elevatoricense09@gmail.com Last Login: 11/18/3021 83445 AM Need Help? Sign Out
	A Manage My Profile Business Approval Exam Payment My Applications My Requests Business Approval Exam Payment	
		C Refresh
	Application Number Application Type License Type License Class/Class Type Application Status	✓ Applicant of Recc ≡
You are	now logged into DOB NOW: <i>Licensing</i> . Continue to the New License Qualification St	ep-by-Step Guide.

New License Qualification Application

Step	Action
1.	Click the +New License button from the DOB NOW: <i>Licensing</i> dashboard.
	Anage My Profile Hanage My Profile How License My Applications My Requests Business Approval
	Application Number Application Type License Type
2.	Select the Elevator Agency radio button and then click Next.
	License Types
	 Welder Gas Work Qualification Only Journeyman Elevator Agency Next Cancel

Step	Action
3.	Select the appropriate radio button from the list of choices in the License Class/Class Type test list, then click the next button to proceed.
	License Class/Class Type
	Elevator Co-Director Elevator Director Elevator Helper
	O Elevator Inspector
	O Elevator Restricted Technician
	O Elevator Technician
	Next Cancel
i	Elevator Directors may be created before an Elevator Agency is established. All other License Class/Class Types must be associated to an existing Elevator Agency.

Step	Action				
4.	Click the Yes radio buttons to all the questions asked on the and then click the Submit button to proceed. Depending on appear. Supplemental Investigation Questionnaire	e Supple 1 the Lic	emental Invest ense Type, dif	tigation Questi fferent questio	onnaire, ns may
	Are you at least eighteen (18) years old?*	• Yes	⊖ No		
	Are you fit to perform the work authorized by this license/qualification?* Are you able to speak and write the English language?*	Yes	○ No ○ No		
	Are you of good moral character?*	€ Yes	⊖ No		
	I have a minimum of ten years of satisfactory experience within 15 years immediately preceeding the exam appln date supervising the assembly, installation, maintenance, repair, design or inspection of elevators* OR				
	I am a New York State-licensed professional (Registered Architect or professional engineer) who has 5 years satisfactory experience within 15 years immediately preceeding the exam appln date supervising the assembly, installation, maintenance, repair, design or inspection of elevators*) Yes	O No		
	Submit Cancel				
i	NOTE: Depending on the License Type, different questions If any question is answered No , the Submit button Qualification Application will not be able to proceed	may ap will not d.	pear. be active and	the License	

Application mormation		
Application Type*	License Type*	License Class/Class Type*
New License	✓ Elevator Agency	Elevator Director
Applicant of Record		
First Name*	Middle Initial	Last Name*
Elevator		License
Email*		
elevatorlicense06@gmail.com		
Address		
House Number*	Street Name*	Apartment/Building Number
280	Broadway	
City*	Borough*	State*
New York	Manhattan	✓ New York
Zip Code*	Home Telephone*	Mobile Telephone
10007	(212) 874-8774	· · · · · · · · · · · · · · · · · · ·
All license types other tha Agency .	n Elevator Director must enter the A	gency Number for an approved I
All license types other tha Agency.	n Elevator Director must enter the A	gency Number for an approved I
All license types other tha Agency. Personal Information Date of Birth*	In Elevator Director must enter the A	gency Number for an approved I
All license types other that Agency. Personal Information Date of Birth* 02/06/2001	In Elevator Director must enter the A	gency Number for an approved I
All license types other tha Agency. Personal Information Date of Birth* 02/06/2001 Agency Information	In Elevator Director must enter the A	gency Number for an approved I
All license types other that Agency. Personal Information Date of Birth* 02/06/2001 Agency Information Agency Number*	SSN/ITIN* SSN/ITIN* Magency Name	agency Number for an approved I
All license types other that Agency. Personal Information Date of Birth* 02/06/2001 Agency Information Agency Number* 055720	SSN/ITIN* SSN/ITIN* XXX-XX-1111 Agency Name GUARDSMAN ELEVATOR CO INC	Address
All license types other tha Agency. Personal Information Date of Birth* 02/06/2001 Agency Information Agency Number* 055720 City	IN Elevator Director must enter the A SSN/ITIN* XXX-XX-1111 Agency Name GUARDSMAN ELEVATOR CO INC State	Address 276,EAST 150TH STREET,BRONX,NY 1045 Zip Code

Step	Action		
7.	After clicking Save, you will see a Notification that the Application Type cannot be changed after saving. Click Save again.		
	Notification		
	Please note that the below inform Application Type: New Licens	nation cannot be changed after saving: :e	
		Save	
8.	Click OK on the "Application h	as been saved" Notification.	
	Notification	×	
	Application has been saved.		
i	L00001632	A License Application number will be assigned, and four more tabs will appear below General Information:	
	General Information	Background Information	
	Background Investigation	 Qualifications/Experience Documents 	
	Qualifications/Experience	Statements & Signature	
	Documents		
	Statements & Signature		

Step	Action	
9.	Go to the Background Investig license, certification or registra Certification or Registration m	gation tab and then click the +Add History button to enter details of any ation issued to the Applicant by any City or State. At least one License, ust be listed in this section.
	L00001632 General Information Background Investigation Qualifications/Experience Documents Statements & Signature	License History* Add History List all licenses, certifications, or registrations issued to you, by any City or State. Name Type License Nu
10.	For each license, enter: Name Type License/Certificati Current Status Expiration Date Then click Save.	on/Registration Number
	License History Name* Current Status* Select	Type* License/Certification/Registration Number* Expiration Date* Save Cancel

Step	Action
11.	If the Applicant has a Driver's License , they must enter the State and Number of the license.
	Do you currently have a valid Driver's License? *
12.	If any Licenses or Government-granted Privileges have ever been rescinded, revoked, surrendered, suspended or disqualified, the applicants must answer Yes here and explain the details in the Comments section.
	Have any licenses or privileges granted to you or your associated business(es) by the Department of Buildings or any other government entity ever been rescinded, revoked, surrendered, suspended or have you or your related business(es) ever been disqualified from performing inspections? If Yes please indicate the type of license/certification/registration with the reason for the suspension, restriction, surrender, revocation, or disciplinary action in the Comments. *
13.	In the Personal Information section, users <i>may</i> be asked if they have ever been known by any other names. If Yes , click the +Add History button to enter any prior names. Personal Information* Personal Information List of other names you are known by: List of other names you ar
	In the Personal Information pop up , enter prior Last Name , First Name , Middle Name (if applicable), and Social Security Number . Then click Save . Repeat process for all prior names.
	Last Name* First Name*
	Middle Name Social Security Number*
	Save Cancel

Step	Action	
14.	If they appear, answer the Yes/No Questions about whether the Applica State, or Federal Government Agency and whether they are related to ar	nt has worked for a City, y DOB employee(s).
	Have you ever been employed by a city, state or federal govt agency? *	🔿 Yes 🌘 No
	Are you related to any DOB employee(s) including through marriage? *	🔿 Yes 🔘 No
15.		
	Any Yes answers on this page can be explained in the Comments field. If you answer YES to any of the questions in this section, you must provide complete details, specifying the date, agency,	reason, disposition, etc. in the Comments box.
	Any Yes answers on this page can be explained in the Comments field. If you answer YES to any of the questions in this section, you must provide complete details, specifying the date, agency, Comments	reason, disposition, etc. in the Comments box.

From	1 -			
		To 🔻	Street Address	
Enter the most rece	nt address information	tion and click Save .		
Residence				
From"		m		
This is my current addre	'S	States	*	
Zip Code*				
	e	Save Cancel		
Click OK to complet	e the process. Repe	at as many times as nec	cessary.	
Click OK to complet	e the process. Repe	at as many times as nec	cessary.	

17.	Action Click on the Qualific Fines.	ations/Experience tab. Answer the three Yes/No questions abour	Convictions and
	🇎 Save 📄 Preview to File		
	L00001632	Convictions and Fines	
	General Information	Have you ever been convicted or pled guilty to an offense anywhere (an offense is defined as a violation, misdem or felony)?"	nor, OYes ONo
	Background Investigation	Do you owe any penalties or fines to the City of New York?*	🔾 Yes 🔵 No
	Qualifications/Experience	Does any company or business you have been associated with under your Department-issued license owe any fin penalties or fees to the City of New York that were incurred during your association with that company or busines	🔾 Yes 🔘 No
		Employment History*	
	Documents	Employment (Boory	
	Statements & Signature	Add Employment History	
18.	Depending on the lic wish to use as Quali t starting with the cur	Add Employment History cense type, Applicants may need to enter Employment History for fying Experience. If needed, click the +Add Work History button rent job and then proceeding in <i>reverse chronological order</i> .	each job they o enter jobs,
18.	Depending on the lic wish to use as Qualit starting with the cur	Add Employment History tense type, Applicants may need to enter Employment History for fying Experience. If needed, click the +Add Work History button rrent job and then proceeding in <i>reverse chronological order</i> .	each job they o enter jobs,
18.	Depending on the lice wish to use as Qualities starting with the cure Employment Histor	Add Employment History tense type, Applicants may need to enter Employment History for fying Experience. If needed, click the +Add Work History button rent job and then proceeding in <i>reverse chronological order</i> . my* nt History	each job they o enter jobs,
18.	Depending on the lic wish to use as Qualit starting with the cur Employment Histor + Add Employme Start with your cur Qualifying Experient verification:	Add Employment History tense type, Applicants may need to enter Employment History for fying Experience. If needed, click the +Add Work History button rent job and then proceeding in <i>reverse chronological order</i> . my* Int History rent job and list the employment history for each job you intend to use a nee. You must provide a valid Supervisor(s) Telephone Number for experience	each job they o enter jobs,
18.	Depending on the lic wish to use as Qualit starting with the cur Employment Histor Add Employme Start with your curr Qualifying Experien verification:	Add Employment History cense type, Applicants may need to enter Employment History for fying Experience. If needed, click the +Add Work History button rent job and then proceeding in reverse chronological order. ny* nt History rent job and list the employment history for each job you intend to use a nce. You must provide a valid Supervisor(s) Telephone Number for experient and Name Street Address Date of Employment	each job they o enter jobs, a ice

fc	Employment History Information	E. Applicants must provide a v	
	Employment Information Wages Detail Date Employed From*	Date Employed To*	Ĩ
	This is my current job Company Name*	Street Address*	City*
	State* Select ~	Zip Code*	Country*
	Is the company still in business? Supervisor(s) Name*	Supervisor(s) Title*	Supervisor(s) License Type*
	Supervisor(s) License Number*	Supervisor(s) Telephone Number*	Supervisor(s) Email Address*
	Reason for leaving*		
	250 characters remaining		

20.	On the Wages Detail tab, enter: Title Time Period Wages per Hour Hours per Week					
	TitleTime PeriodWages per HourHours per Week					
	Time PeriodWages per HourHours per Week					
	Wages per HourHours per Week					
	Hours per Week					
	Description of Type	of Work Perfo	rmed			
	Click Add. Repeat for other titles	s held at that c	ompany. Click S	ave to comple	te entry.	
	Employment History Information					
	Employment Information Wages Detail					
	Applicant Title*		Time Period*		Wages Per Hour*	,
	Hours Per Week*					
		Descrit	e Type of Work Performed*			
		25	O characters remaining			
		201	Add			
	Applicants Name	Time Period	Hours Per Week	Wages Per Hour	Actions	

Step	Action	
21.	On the Documents tab, click +Add	Document to see the list of required documents.
	L00001632	
	General Information	Required Documents/Qualifications
	Background Investigation	+ Add Document
	Qualifications/Experience	Document Name
	Documents	
	Statements & Signature	
22.	All required documents can be see Name and select the appropriate C	n in the drop-down menu under Document Type . Enter a Document Document Type for each document to be uploaded.
	Upload a Document	
	Document Name*	
	Document Type*	
	Select	~
	Select Apprenticeship Program Certification Apprenticeship Program Registration Completion of 16 hour training program Demonstrated an understanding of and Experience Verification Affidavit	n for limited gas proficiency and competency with gas work
	Experience Verification Letter/Social Sec NYS-Recognized Training Program Affid	avit Unload Cancel

Step	Action
23.	Click Choose File to navigate to the document on your computer. Click Upload to complete the upload process for the document.
	Upload a Document
	Document Name* Experience Affidavit Document Type*
	Experience Verification Affidavit
	Upload
24.	The document will appear in Pending status on the Documents tab. The Actions buttons allow users to replace or delete an uploaded document. Repeat the process for all required documents.
	Document Name Document Type Document Status Actions Experience Affidavit Experience Verification Affidavit Pending
25.	On the Statements & Signature tab, the Applicant must click the checkbox to Sign the application.
	L00001632 General Information Background Investigation Qualifications/Experience Documents Statements & Signature Statements & Signature In the event of an accident that involves my actions undertaken in connection with my license/registration and/or qualification. In the event of an accident that involves my actions undertaken in connection with my license/registration and/or qualification and expressing my agreement with all of its terms. Image: Statement and and agree that by personally dicking on the box at left 1 am electronically signing this application and expressing my agreement with all of its terms. Name Date

Step	Action	
26.	The Applicant may also choose to click the checkbox to choose to allow Service of Process by Er	nail.
	Voluntary Authorization for Service of Process by Email	
	I hereby voluntarily agree to accept the service of Notices of Violation (NOV)/ Summonses issued by the New York City Department of Buildings (DOB) by the address listed above. I agree that email service of the NOV shall be deemed valid service of the NOVs/ Summonses under New York City Charter 1049-a. 6-08 of the rules of OATH Hearings Division and other applicable laws to allow for the docketing of judgments. I further agree not to raise any defect with to service for any NOVs/ Summonses received from DOB at the email address above, in any forum, including before a hearing officer of OATH Environmental Control Board (ECB) itself or in any court of law.	ne email Section respect or the
	Name Date	
27.	There may be a fee associated with the LQA. If so, click the Pay Now button at the bottom of the	e right
	toolbar to make the payment. (Details about how to use CityPay can be found in the <u>DOB NOW</u> <u>Payment User Manual</u> .)	
	Pre-filing Pending Background Review Approval Letter Sent Approved, License Issuance Date Image: Save image: Preview to File Preview to File Approved, License Issuance Approved, License Issuance Date	Ashboard Pplication ghlights
	General Information Applicant of Record - Statements & Signature	Elling
	Background Investigation License Application*	
	Qualifications/Experience As a condition of being granted a license/registration and/or qualification from the New York City Department of Buildings, I attest that I comply with all New York City Administrative Code and Department rules, regulations, and directives governing how licensees/ registrants/qualification holders conduct their	Э Trace History
	Documents specific trade. Statements & Signature I have reviewed the information provided in this application and, to the best of my knowledge and belief, attest to its accuracy. I understand that falsification of any statement made to the Department is a misdemeanor and that it is also unlawful to give to a city employee, or for a city employee to accept, any	う ayment History
	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/registration and/or qualification.	500.00 ay Now
	In the event of an accident that involves my actions undertaken in connection with my license/registration	

Step	Action
28.	Click on the Preview to File button to submit the License Qualification Application. (NOTE: You may have to go back and fill in any information you might have missed.)
	Pre-filing Pending Background Review ,
	L00001632 Application Information Application Type*
	Background Investigation
29.	After the Application Preview window opens, review the entire application and page through the preview by clicking the Next button.
	Click the checkbox to sign the filing and then click File .
	I understand and agree that by personally clicking on the box at left I am electronically signing this application and expressing my agreement with all of its terms. I understand that this electronic signature shall have the same validity and effect as a signature affixed by hand. Name Elevator License09 (Electronically Signed) Date
	File C Return to Application View
You hav	re now completed the New License Qualification Application .