

FILING REPRESENTATIVE EXPERIENCE VERIFICATION AFFIDAVIT

Filing Representatives must obtain a completed verification affidavit from each professional engineer or registered architect (registered design professional) who is attesting to working with them on a job where the filing representative's information does not appear on the PW1: Plan / Work Application.

An original verification affidavit from each registered design professional must be received before the application to become a Class 2 Code and Zoning Representative can be reviewed.

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

- The Filing Representative's name must appear on every page.
- Please print or type your answers. Illegible entries will not be considered.
- All sections of this verification form must be completed by the registered design professional. It <u>MAY NOT</u> be completed by the filing representative, an Office Manager, or Personnel/Human Resources employee.
- A job filing will be credited if the filing representative worked with the registered design professional completing this form on the filing. The filing representative must have been under employment / contract by the registered design professional or both the filing representative and registered design professional completing this form must have been under contract by the owner.
- A Job is an application with an individual job number filed by the registered design professional of record. Limited alteration applications, post-approval amendments, electrical applications, and demolition applications cannot be credited toward the filing requirement.
- The form must be signed and notarized.



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REGISTERED DESIGN PROFESSIONAL'S INFORMATION:

Your name and current job title:			
Your business name:			
Your current telephone number: Email:			
Are you currently a licensed NYS P.E. or R.A.? Yes No			
If yes, list License #: Date of issuance:			
FILING REPRESENTATIVE'S INFORMATION:			
Dates the Filing Representative was under employment / contract:			
From: To:			
Your business name while the Filing Representative was under employment / contract:			
Filing Representative's position / title(s):			
Were you a licensed as a NYS P.E. or R.A. while the Filing Representative was under			
employment / contract? Yes No			
Total number of job filings that you worked with the Filing Representative on while they were under employment / contract:			

ADDITIONAL COMMENTS:



FILING REPRESENTATIVE NAME:

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I HAVE VOLUNTARILY PROVIDED THE ATTACHED INFORMATION ON THE VERIFICATION FORM REGARDING THE PREVIOUSLY MENTIONED APPLICANT. I ATTEST TO AND AFFIRM 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 license being sought by the applicant. I understand that any false statement made herein 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:			
Your signature:		Date:	
STATE OF)) SS:		
COUNTY OF			
On thec	day of	in the year 2,	
me on the basis of satisfa	ctory evidence, perso	, personally known to me or proved to nally appeared before me and subscribed his/he ally sworn upon his oath, says that the facts alleged	
in the foregoing affidavit are	_		
		(Affix Stamp/Seal Here)	
(NOTARY PUBLIC)			

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