



EXPERIENCE VERIFICATION FORM:
Hoisting Machine Operator

(form must be typewritten)

Date: _____
(MM/DD/20YY)

Applicant's Name: _____
(please print)

Applicant's Supervisor: _____
(please print)

Applicant's Employer: _____
(please print)

LICENSE APPLYING FOR

- HMO A
- HMO B
- HMO C
- Limited HMO Articulating Boom Crane
- Limited HMO Mini Crane
- Limited Sign Hanging Crane
- Limited HMO Boom Truck
- Limited HMO Telehandler

SECTION 1: Supervisor's Information

Name: _____

Current Job Title: _____

Current Employer: _____

Current Telephone Number: _____

Current Email Address: _____

Dates you directly supervised the Applicant: From _____ To _____

Your job title when supervising the applicant: _____
(if different from your current title):

Your employer when supervising the applicant: _____
(if different from your current employer):

Are you currently a NYC Licensed Hoisting Machine Operator (HMO)? YES NO

If YES, list License Class and No.: _____ Date of Issuance: _____

Did you hold a different class of NYC Hoisting Machine Operator (HMO) license during the time the applicant was under your supervision? (this includes if you held a NYC HMO license but no longer hold one) YES NO

If YES, list your NYC HMO Class during your time of supervision: _____

If YES, and you are no longer licensed as a NYC HMO, list license#: _____

Date of Issuance: _____ Date of Expiration, Revocation or Surrender: _____

Does this form seek to credit experience obtained outside of New York City? *(Only applicable to HMO C or Limited license. If applying for an HMO A or HMO B license, must enter NO)* YES NO

If YES, list the relevant HMO licenses issued by the city/county/state where the operation occurred, plus relevant crane operator certifications (*i.e.*, NCCCO), you held during the time you supervised the Applicant in that jurisdiction. (*please attach copies of the license/certification*)

License No.: _____ State/Agency of Issuance: _____

Date of Issuance: _____ Expiration Date: _____

Has this license/certification ever been allowed to lapse, or been suspended, surrendered, or revoked?
 YES NO

If YES, explain when and why:

SECTION 2: Applicant's Employment & Supervision Information

Applicant's Name: _____
(please print)

Applicant's Employer: _____
(please print)

Applicant Employed by Employer: From _____ To: _____

Employment: Full Time or Part Time Applicant's Title: _____

Please list ALL of the Applicant's job duties while under your supervision:

Was the applicant ever terminated, asked to resign, subject to any disciplinary action while in the employment of the employer? YES NO

If YES, please explain:

If any, please state any and all reasons you are aware of why the Department should deny the applicant licensure as a NYC Hoisting Machine Operator.

I do not know of any reason or Explain reason:

ADDITIONAL COMMENTS

SECTION 3: Hoisting Machine Experience

NOTE: Duplicate and attach as many copies of the table as needed to capture all entries.

HOISTING MACHINE EXPERIENCE TABLE						
<p><i>FOR INTERNAL USE ONLY</i></p> <p>DO NOT MARK THIS COLUMN</p>	Address or location <i>(select one ONLY)</i>		Start Date	Total Days Operated	Total Number of Set-ups	
	<input type="checkbox"/> In NYC <input type="checkbox"/> Outside NYC		End Date			
	CN# <i>(if applicable)</i>	CD# <i>(if applicable)</i>	Device Type <i>(select one ONLY)</i>	Boom Length <i>(as configured, ft. & inches)</i>	Boom Type <i>(select one ONLY)</i>	
	Make & Model		<input type="checkbox"/> Mobile Crane <input type="checkbox"/> Tower Crane <input type="checkbox"/> Self-Erecting Tower Crane <input type="checkbox"/> Derrick	Boom: _____ Jib: _____ _____	<input type="checkbox"/> Articulating <input type="checkbox"/> Lattice <input type="checkbox"/> Luffing <input type="checkbox"/> Telescopic <input type="checkbox"/> Other	
	Maximum Rated Capacity <i>(US tons)</i>			TOTAL: _____		
	Carrier Type <i>(select one ONLY)</i>			Questions <i>(select as applicable)</i>		
	<input type="checkbox"/> Commercial Truck (Boom Truck) <input type="checkbox"/> Crawler <input type="checkbox"/> Wheel Mounted All Terrain <input type="checkbox"/> Wheel Mounted Rough Terrain <input type="checkbox"/> Wheel Mounted Telehandler (Roto) <input type="checkbox"/> Wheel Mounted Telehandler (Fixed) <input type="checkbox"/> N/A			<input type="checkbox"/> The crane operation was exclusively for the erection, maintenance, or removal of signs. <input type="checkbox"/> The crane operation was exclusively to deliver/retrieve materials, equipment, or other items to/from a building, excluding work in industrial or commercial plants or yards. <input type="checkbox"/> The crane operation was in connection with building or infrastructure construction, alteration, or demolition work		
	Applicant's Name:			Applicant's Signature:		
	Applicant's Employer:					
	Supervisor's Name:			Supervisor's Signature:		

SECTION 4: Certification by Applicant's Supervisor

It is unlawful to make a false statement to the Department; or to give a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly forming the job or in exchange for special consideration. Such actions are punishable by imprisonment, fine and/or loss of license.

As the applicant's supervisor, I have voluntarily provided the above information regarding this applicant. I attest to the truthfulness of my statement and fully understand that this information is subject to verify by the appropriate City, State, and federal agencies. I acknowledge that false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law

Name: _____
(print)

Signature: _____ Date: _____

STATE OF _____)

COUNTY OF _____) SS.:

On the _____ day of _____ in the year 20_____, the above signatory,

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

(NOTARY PUBLIC)

(Affix Stamp/Seal Here)