

## 1 APPLICATION TYPE

New
  Renewal
  Reissue
  Change (i.e. Address/Business/Deactivation)

## 2 LICENSE NUMBER

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## 3 LICENSE TYPE

Concrete Testing Laboratory

## 4 AGENCY INFORMATION

Agency Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ Business Email \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 5 DIRECTOR INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_  
 Date of Birth (m/d/yy): \_\_\_\_\_ \*Social Security No.: \_\_\_\_\_ Email: \_\_\_\_\_  
 Concrete Test Lab (choose one):  PE  RA NYS License No.: \_\_\_\_\_

## 6 PARTNER OR OFFICER INFORMATION

Name:	Address:	Phone:	Name:	Address:	Phone:
City:	State:	Zip:	City:	State:	Zip:
Lic. No.:	% Control:		Lic. No.:	% Control:	
Title(s):			Title(s):		

  

Name:	Address:	Phone:	Name:	Address:	Phone:
City:	State:	Zip:	City:	State:	Zip:
Lic. No.:	% Control:		Lic. No.:	% Control:	
Title(s):			Title(s):		

## 7 AFFILIATIONS (complete this section only if you have additional business affiliations)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 8A CONVICTIONS & FINES (Director)

If you answer 'Yes' to either of these 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)?  
 Yes  No Do you owe any penalties or fines to the City of New York?  
 Yes  No Does any company or business you have been associated with under your Department-issued license owe any penalties or fines to the City of New York?

## 8B CONVICTIONS & FINES (Owner)

If you answer 'Yes' to either of these 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)?  
 Yes  No Do you owe any penalties or fines to the City of New York?  
 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?

Fee Paid:

Clerk's Signature:

Date:

Expiration Date:

**9A LICENSING HISTORY (Director)**

List all licenses, certifications, or registrations issued to you, by any City or State. Use additional sheet if necessary.

NAME	TYPE	LIC./CERT./REGISTRATION NO.	CURRENT STATUS	EXPIRATION DATE

Yes  No Do you currently have a valid driver's license? State where issued: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Yes  No 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?

Yes  No Have any disciplinary actions ever been taken against you, or any business(es) registered to you by the Department or any other certifying authority?

Yes  No Have any license application(s) ever been denied to you by the Department of Buildings or any other government entity?

If Yes please indicate the type of license/certification/registration with the reason for the suspension, restriction, surrender, revocation, or disciplinary action in Section 10A.

**9B LICENSING HISTORY (Owner)**

List all licenses, certifications, or registrations issued to you, by any City or State. Use additional sheet if necessary.

NAME	TYPE	LIC./CERT./REGISTRATION NO.	CURRENT STATUS	EXPIRATION DATE

Yes  No Do you currently have a valid driver's license? State where issued: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Yes  No 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?

Yes  No Have any disciplinary actions ever been taken against you, or any business(es) registered to you by the Department or any other certifying authority?

Yes  No Have any license application(s) ever been denied to you by the Department of Buildings or any other government entity?

If Yes please indicate the type of license/certification/registration with the reason for the suspension, restriction, surrender, revocation, or disciplinary action in Section 10B.

**10A COMMENTS (Director)**

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**10B COMMENTS (Owner)**

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**11 STATEMENTS & SIGNATURES (Agency Directors) NOTARY SIGNATURE & SEAL REQUIRED FOR ALL LICENSEES**

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.

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

**12 STATEMENTS & SIGNATURES (Owners) NOTARY SIGNATURE & SEAL REQUIRED FOR ALL LICENSEES**

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.

Name (print)	Notarization <i>(Required for Testing Laboratories)</i> State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury	
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**INTERNAL USE ONLY**