



# PROFESSIONAL/AGENCY IDENTIFICATION CARD APPLICATION

DOB Identification Number \_\_\_\_\_

**ANY FALSE OR MISLEADING STATEMENT(S), INCLUDING OMISSIONS OF ANY REQUESTED INFORMATION, WILL RESULT IN THE APPLICANT'S DISQUALIFICATION AND MAY LEAD TO CRIMINAL PROSECUTION.**

<b>1</b>	<b>APPLICATION TYPE</b> <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Reissue <input type="checkbox"/> Change
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<b>2</b>	<b>ID TYPE</b> <input type="checkbox"/> NYS RA <input type="checkbox"/> NYS PE <input type="checkbox"/> NYC Agency <input type="checkbox"/> Attorney <input type="checkbox"/> Other
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<b>3</b>	<b>PERSONAL INFORMATION</b>
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First Name:	Last Name:	Middle Initial:
Home Address:	City:	State:                  Zip:
Date of Birth:	**Social Security #:	
Home Phone:	Cell Phone:	
*PIN#:	E-Mail:	

\*Note: For Original Applicants, in order to schedule Plan Examination appointments, you will be required to have a Pin number. Please create a 4-digit pin number (Please not begin with "0"). For any PIN number issues, email: pensissues@buildings.nyc.gov.

<b>4</b>	<b>LICENSES/CERTIFICATIONS/REGISTRATIONS</b> (Issued to you by City or State (Includes Driver License))
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TYPE	LIC./CERT/REG NUMBER	STATUS (active/not active)	EXPIRATION DATE

Have any licenses / certifications / registrations issued to you ever been suspended, restricted, or revoked; or have you ever been censured or disciplined in connection therewith?                   **YES**     **NO**

If **YES**, please provide explanation \_\_\_\_\_

<b>5</b>	<b>EMPLOYMENT HISTORY</b>
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A. Were you ever employed by the Department of Buildings or any other New York City agency?     **YES**     **NO**

If **YES**, please name the agency and dates of employment \_\_\_\_\_

B. Are you related to any Department of Buildings employees (Including through marriage)?                   **YES**     **NO**

If **YES**, name and title of the employee (s) \_\_\_\_\_

<b>6</b>	<b>BUSINESS ORGANIZATION/AGENCY (Must Be Completed)</b>
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Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax I.D. #: \_\_\_\_\_ Business Telephone: (    )    -    \_\_\_\_\_

<b>7</b>	<b>STATEMENT OF AGREEMENT</b>
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As a condition of being granted a professional/agency identification card from the Department of Buildings, I \_\_\_\_\_, hereby agree to comply with all provisions of the NYC Construction Codes, the Rules of the City of New York, and the Department's regulations, policies, procedure notices and directives regarding how professional/agency card holders conduct business with the Department of Buildings.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Internal Use Only:**  
LICENSING CLERK: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_

\*\*In accordance with Federal and State Laws, the New York City Department of Buildings requires that all applicants for licenses/license holders provide their Social Security Number (SSN). DOB will use the SSN to conduct background investigations and maintain accurate license and related records. This information may be shared with other government agencies, consistent with applicable laws and Departmental policy or with the SSN holder's written permission, but will otherwise be kept confidential. The specific statutory authority for requiring SSN's is in the following: Federal Law-Privacy Act of 1974 (Section 7 of P.L., 93-579); Welfare Reform Act of 1996 (42 USCA 666(a)), and Section 5 of the NYS Tax Law.  
build safe|live safe