



# Background Investigation Questionnaire for License Applicants

*THIS IS NOT AN APPLICATION*

## LICENSE TYPE

Please check the type of license you are applying for below:

- |   |   |
|---|---|
| Certified Elevator Inspector            | Master Fire Suppression Piping Contractor |
| Concrete Safety Manager                 | Master Plumber                            |
| Elevator Director                       | Master Rigger                             |
| Elevator Inspector                      | Master Sign Hanger                        |
| General Contractor                      | Master/Special Electrician                |
| High Pressure Boiler Operating Engineer | Oil Burner Equipment Installer            |
| Hoist Machine Operator (Class A)        | Site Safety Coordinator                   |
| Hoist Machine Operator (Class B)        | Site Safety Manager                       |
| Hoist Machine Operator C1 (Class 1)     | Special Rigger                            |
| Hoist Machine Operator C2 (Class 2)     | Special Sign Hanger                       |
| Hoist Machine Operator C3 (Class 3)     | Tower/Climber Crane Digger                |

Name: \_\_\_\_\_

Date Filed: \_\_\_\_\_

To apply for one of the License Types listed above, please complete and submit this questionnaire to the Department's **Licensing & Exams Unit** with your required license type application and all of the supporting documents. Once your documentation is submitted, call the Licensing Unit at **(212) 393-2259** to schedule an appointment.

For more information regarding the requirements for your license type, please visit the Department's website at **www.nyc.gov/buildings** and click the **Industry** tab then **Licensing**.

## CONTACT INFORMATION

If you have any questions you may contact:

**NYC Department of Buildings  
Licensing & Exams Unit  
280 Broadway, 1st Floor  
New York, NY 10007  
(212) 393-2259  
www.nyc.gov/buildings**

**NOTE: Failure to submit this completed questionnaire and supporting documentation may result in your background investigation being delayed or denied.**



# Background Investigation Questionnaire for License Applicants: **GENERAL INSTRUCTIONS**

**Carefully read the instructions and answer ALL of the questions. Failure to follow these instructions or properly answer all questions may result in your questionnaire being returned for additional information and/or denial of your license.**

Do not omit any pertinent information. If you are unsure or do not know if you should disclose certain information, act cautiously and include the information in the questionnaire. Falsification of any portion of this questionnaire by omitting pertinent information, responding in a misleading manner or supplying inaccurate or incomplete information, may result in your disqualification. You must fill out and submit all nine (9) pages of the questionnaire.

- Questionnaire must be **TYPED**.
- If additional space is necessary, staple separate 8½ x 11 sheets of paper to the back of the questionnaire packet. (Include your name and social security number on each additional sheet)
- If you cross out or change any responses, write your initials next to the corrections.
- Initial the bottom of each page of this questionnaire where designated.
- Answer every question or indicate **N/A** (not applicable) if a question does not apply to you. Use the comments section to elaborate on any question and note the question you are referring to.
- If an exam is required to apply, you must submit a copy of your passing exam report within one year from the day that you passed the exam.
- If a training course is required to apply, you must submit a copy of your certificate of completion with your questionnaire packet
- You must obtain **non-certified itemized Social Security Earning Information** for the timeframe you intend to use as qualifying experience. For information on how to obtain a copy of your earnings statement, visit [www.ssa.gov](http://www.ssa.gov). In addition, **your direct supervisor(s) must fill out a NYC Department of Buildings Employment Verification Form** specific to your license type. to support the timeframe you are using as qualifying experience. The form can be downloaded at [www.nyc.gov/buildings](http://www.nyc.gov/buildings). If a specific form is not available for your license type, provide a notarized letter from your supervisor(s) that includes: dates of employment (MM/DD/YYYY), titles held, daily duties, full addresses and timeframes of your qualifying experience.
  - **Site Safety Manager and Site Safety Coordinator:** major buildings experience is required.
  - **Hoist Machine Operator candidate:** all supervisor(s) must include information on the types of machinery the candidate operated
  - **Plumber/Fire Suppression candidates:** noting planning, design and installation work only is not sufficient for job tasks; the work must be clearly described

*\*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.*



# Background Investigation Questionnaire for License Applicants

## 1. PERSONAL INFORMATION

_____ Last Name	_____ First Name	_____ Middle Name:
_____ SSN	_____ Date of Birth	_____ Mobile Phone
_____ Street Name	_____ Apt. #	_____ Home Phone
_____ City, State, Zip:		_____ Email:

### List below all other name(s) you are known by:

(this includes maiden names; if additional space is needed please use **Comments Section** on page 8)

_____ Last Name	_____ First Name	_____ Middle Name
_____ Last Name	_____ First Name	_____ Middle Name

### List any other Social Security Number(s) you have used:

_____ SSN	_____ SSN	_____ SSN
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## 2. ADDITIONAL QUESTIONS

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 Section**.

1. Have you ever been employed by a city, state or federal government agency? YES NO
2. Are you related to any Department of Buildings employee(s) including through marriage? YES NO

Comments

## 3. RESIDENCE

Starting with your present address and working back, list the full address of every place you have resided for more than a three (3) month period. List only your residences over the past **ten (10) years** or since you left high school, whichever is less.

FROM (MM/DD/YY)	TO/PRESENT (MM/DD/YY)	STREET ADDRESS	CITY, STATE AND ZIP CODE

## 4. CRIMINAL HISTORY

List any and **ALL** of your criminal convictions below. You must list **every conviction**. If you do not recall all of your convictions, then you must indicate this below. You will not be automatically disqualified because of a criminal conviction. (DO NOT include traffic moving violations in this section).

1. Have you ever been convicted\* of an offense **anywhere**? An offense is defined as a Violation, Misdemeanor or Felony. If you are not sure of the type of offense, answer **YES** anyway. You do not have to disclose any material sealed, expunged or set aside under Federal/State Law or Juvenile Delinquent/Youthful Offender Adjudication.

YES            NO

**PLEASE READ CAREFULLY:** \* Convicted means that you appeared before a court and/or a judge (either administrative or criminal) and either pled guilty, were determined guilty by a jury or judge, or paid a fine. **You do not have to get arrested to be guilty of an offense.** If you received a summons or ticket for anything other than a parking ticket on your car or a moving violation such as speeding, you must include it in this section. You must list any convictions for Driving Under the Influence (DUI), Driving While Intoxicated (DWI) or driving without a license. Please list all convictions below. If additional space is needed, attach an additional sheet to this packet and initial it.

List ALL convictions below:

Conviction Date	Offense (include details)	Name and Location of Court	Sentence and Date of Sentence



# Background Investigation Questionnaire for License Applicants

## 5. LICENSE INFORMATION

List **ALL** licenses, certifications, privileges or registrations ever issued to you. **Include all Driver Licenses and other trade licenses issued to you.** Use page 8 if you need to provide additional information.

Issuing Entity	License Type	License, Certification, or Registration Number	Status (active/not active)	Original Issuance Date	Expiration Date

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

If **YES**, indicate below in the **Comments Section** the type of license/certification/registration along with the reason for suspension, restriction, or revocation.

For **Master Plumber & Master Fire Suppression Piping Contractor** applicants only:

Have you claimed any of the experience listed in this questionnaire as qualifying experience for a previous MP or MFSPC license application?      **YES**       **NO**

If **YES**, indicate below in the **Comments Section** the type of license, the name of the employer and the time period you previously claimed.

Comments

## 6. EDUCATION (DO NOT include High School Diploma)

Fill in **ALL** boxes that apply to you. List education levels pertaining to your certification or license. Check N/A if this information does not apply to you.

A) Dates Attended: From      -      To      -      Major: \_\_\_\_\_  
MM              YYYY              MM              YYYY

Did you graduate:      **YES**      **NO**      **N/A**

Degree:      **AA/AS**      **BA/BS**      **MA/MS**      **PhD**

Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country (if not United States): \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_



# Background Investigation Questionnaire for License Applicants

B) Dates Attended: From MM - YYYY To ~~MM~~ MM - YYYY Major: Á

Did you graduate:  YES  NO N/A

Degree:  AA/AS  BA/BS  MA/MS PhD

Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country (if not United States): \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

## CERTIFICATE TRAINING

List **ALL** Certificate/Training Programs **pertaining to the license type you are applying for**. If you do not have any, type **N/A** in the first space provided below.

<i>CERTIFICATE TYPE</i>	<i>ISSUING INSTITUTION</i>	<i>DATE ISSUED</i>

## 7. EMPLOYMENT HISTORY

Start with your current job and list the employment history for each job you intend to use as a **Qualifying Experience**. If you had more than three (3) jobs, add [additional sheets](#). You must provide a valid Supervisor(s) Telephone Number for experience verification. **Do not leave any section blank, enter N/A on unused lines.**

A) Dates Employed: From        -        To ~~AAA~~        -         
MM      YYYY      MM      YYYY

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Ownership Interest (%): \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Is the company still in business?  YES  NO

Supervisor(s) Name(s): \_\_\_\_\_

Supervisor(s) Title(s): \_\_\_\_\_

Supervisor(s) License Type and License Number (if applicable): \_\_\_\_\_

Supervisor(s) Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

\_\_\_\_\_

Applicant's Title	Time Period	Wages per Hour	Hours per Week	Describe Type of Work Performed <small>(describe ALL types of work and provide examples)</small>







# Background Investigation Questionnaire for License Applicants

## Certification by the 'APPLICANT' of this Questionnaire

**WE ADVISE YOU:**

**A material false statement or omission made in connection with this questionnaire is sufficient cause for the City of New York to deny the license being sought, or to rescind or revoke any license held. In addition, such false submission may subject the person making the false statement to criminal charges, including New York State Penal Law Sections 175.35 (offering a false statement for filing) and 210.40 (sworn false statement) and/or title 18 U.S.C. Section 1001 (false or fraudulent statement).**

I, \_\_\_\_\_, being duly sworn, state that I have read, \_\_\_\_\_  
*(print full name)*  
understood and to the best of my knowledge responded truthfully, accurately and completely to each of the questions contained in the attached Questionnaire.

I have read and completed this Questionnaire for the sole purpose of aiding the Department of Buildings with my license review process.

I acknowledge that the City of New York (the City) may, by means it deems appropriate, determine the accuracy and the truth of the statements made in the Questionnaire.

I authorize the City through its employee(s), agent(s) and/or representative(s) to investigate my background for this license application and any subsequent applications pertaining to my Department issued license and authorize all persons, companies, schools, governmental agencies or authorities to release any and all information pertaining to me or submission made by me, documentary or otherwise, as requested by an appropriate employee, agent, or representative of the City. I understand that information sought will include a criminal background check, an employment background check and a Department of Motor Vehicles background check issued by a Consumer Reporting Agency. Furthermore, I understand that if I am found qualified for this license that the background check will continue for the duration of the license term.

I agree to fully cooperate with the city in its investigation of my background.

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Date)*

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**Notary Public or Commissioner of Deeds**