



Oil-Burning Equipment Installer Experience Verification Form

Applicant Name: _____
(Print)

Company Name where applicant was supervised: _____
(Print)

Instructions to Applicant

Please print your name and the name of the company for which you worked and give this form to each licensee or supervisor that you have worked for during the timeframe you are claiming as qualifying experience.

Instructions to Supervisor/Licensee

The above Applicant has applied to become licensed as an Oil Burning Equipment Installer with the New York City Department of Buildings. The Applicant indicated on their application that they worked under your supervision while working for the above Company.

This form **MUST** be completed by one of Applicant's supervisor(s) that has personal knowledge of Applicant's duties, responsibilities, and functions at the company. This form may be copied and completed by each supervisor that Applicant had at the company if necessary.

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

- The licensed supervisor and **NOT THE APPLICANT** must complete all portions of this verification form. It must be initialed on each page, signed and notarized.
- All sections of this verification form must be completed and the form must be signed and notarized. It **MAY NOT** be signed by an Office Manager or Personnel/Human Resources employee.
- Answer **EVERY** question or indicate "N/A" (not applicable) when the question does not apply to you or Applicant.
- If you supervised Applicant at more than two companies please photocopy the blank verification form and fill out additional forms for each company.
- You may include additional information in the Comment Section or you may attach additional pages if needed.
- Once completed, please give the **ORIGINAL** notarized verification form(s) to the Applicant.

YOUR FAILURE TO FULLY AND ACCURATELY COMPLETE THIS VERIFICATION MAY RESULT IN APPLICANT'S DISQUALIFICATION FOR LICENSURE AS AN OIL BURNING EQUIPMENT INSTALLER.

Applicant Name _____ Supervisor's Initials _____



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SUPERVISOR'S INFORMATION:

Your name and current job title: _____

Your Company's/Firm's Name: _____

Your current telephone number: _____ Fax number: _____

Your title when supervising the Applicant (if different): _____

Are you currently a licensed Oil Burner Equipment Installer in NYC? Yes No

If yes, list License #: _____ Date of Issuance: _____ License Type: Class A
 Class B

Please list any additional **ACTIVE** Oil Burner Equipment Installer license(s) you hold and the State of licensure (please attach copies):

License #: _____ State/Agency of Issuance: _____ Date of Issuance: _____

License #: _____ State/Agency of Issuance: _____ Date of Issuance: _____

Since your license(s) was issued, was there any period where your license(s) was not active? Yes No

If yes, list the License#(s) and the time period(s) when your license(s) was inactive: _____

APPLICANT'S EMPLOYMENT INFORMATION:

Applicant Employed From: _____ To: _____ Full Time Part Time

Dates you directly supervised the Applicant: From: _____ To: _____

Applicant's Position/Title(s): _____

Were you licensed as an Oil Burner Equipment Installer while the applicant was under your supervision? Yes No

Under your supervision, did Applicant install oil-burning equipment during the entire time you supervised him? Yes No

Under your supervision, did Applicant install oil-burning equipment within the five boroughs of New York City? Yes No

If yes, please indicate the total length of time _____ years _____ month _____ days

Applicant Name _____ Supervisor's Initials _____



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Were you issued Department of Buildings permits for oil burning installations, while the Applicant was under your supervision? Yes No

Under your supervision, did applicant have experience installing oil burning equipment that included installing equipment for the use of number five and number six fuel oils? Yes No

Please list **ALL** of the Applicant's job duties while under your direct and continuing supervision: Please indicate the approximate percentage of time dedicated to each duty. (ie. 5%paperwork; 50% boiler work. Percentages **must** add up to 100%).

Was the applicant ever terminated, asked to resign or subject to any disciplinary action while in your employ? Yes No If yes, please explain:

Please state any and all reasons of which you are aware why the Department should deny certification as a New York City Oil Burning Equipment Installer to the Applicant. I do not know of any reason

ADDITIONAL COMMENTS:



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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 verification 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 NYS Penal Law.

Print your name: _____

Your signature: _____ Date: _____

STATE OF _____)
) SS:
COUNTY OF _____)

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

(NOTARY PUBLIC)