



Master/Special Rigger EXPERIENCE VERIFICATION FORM

Rev. 1/24

(FORM MUST BE TYPEWRITTEN)

Applicant's Name: _____

Company Name: _____
(company where Applicant was supervised)

INSTRUCTIONS

APPLICANT INSTRUCTIONS

This form must be fully completed. Incomplete forms will not be accepted and may result in delay or disqualification for this license.

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.

SUPERVISOR/LICENSEE INSTRUCTIONS

The above Applicant has applied to become a licensed **Master** or **Special Rigger** with the New York City Department of Buildings. The Applicant indicated in 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. If necessary, this form may be copied and completed by each supervisor the Applicant had at the company.

Please read and follow these directions before completing the form:

- The Supervisor **must** complete all portions of this verification form, **not the applicant**. Supervisors **must** put their initials on the bottom of each page, and the form must be signed and notarized.
- The form **may not** be signed by an Office Manager or Personnel/Human Resources employee. Incomplete forms will not be accepted.
- Answer **EVERY** question or indicate **N/A** (not applicable) when the question does not apply to you or Applicant.
- If you supervised the Applicant at more than one company, please photocopy the blank verification form and fill out additional forms for each company.
- Documentation pertaining to the Applicant's time as a Rigger Foreman should also be included (if applicable).
- You may include additional information in the Comment Section, or you may attach additional pages if needed.
- **Only the experience included in this affidavit will be considered.**
- Once completed, please give the ORIGINAL notarized verification form(s) to the Applicant.

Please note, your failure to complete this form fully and accurately may result in the applicant's disqualification for licensure as a Rigger.

SUPERVISOR'S INFORMATION

Name: _____ Current Phone No.: _____ Current Fax No.: _____

Company/Firm Name: _____

Current Job Title: _____ Title when supervising Applicant (if different): _____

Are you currently licensed in New York City as a Rigger? YES NO

If YES, list your License No.: _____ Issuance Date: _____ Type: Master Special Climber/Tower

Please list any ACTIVE Rigger license(s) you hold and the State of licensure *(please attach copies)*:

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

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

Applicant Name: _____

Supervisor's Initials: _____

APPLICANT'S EMPLOYMENT INFORMATION

Applicant Employed From: _____ To: _____ Full Time Part Time
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

Dates you directly supervised the Applicant: From _____ To _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

Applicant's Position/Title(s): _____

Were you licensed as a Rigger while the Applicant was under your supervision? YES NO

Was the Applicant designated as a Rigging Foreman while under your supervision? YES NO

If **YES**, provide the total length of time you designated the Applicant as your Rigging Foreman where the Applicant had the full authority to examine rigging hardware, to mandate changes and to stop the job, to approve rigging setups, and was responsible for all aspects of rigging safety on the job:

_____ years _____ months _____ days

Was the Applicant issued a Certificate of Fitness (COF) by you according to RCNY 9-031? YES NO

If YES, indicate the length of time the COF was held by the Applicant: _____ years _____ months _____ days

While under your direct supervision, was Applicant responsible for (check all that apply):

- A. assisting you in the planning or supervision of *critical picks* as defined by BC 3302² YES NO
- B. assisting you in the planning or supervision of *picks* other than critical picks YES NO
- C. supervising a rigging crew YES NO
- D. signing off on the daily rigging schedule or rigging safety logs YES NO
- E. signing off on inspections of rigging equipment or hardware YES NO
- F. implementing a rigging plan YES NO
- G. conducting and presiding over pre-cast safety meetings YES NO
- H. conducting and presiding over *Toolbox* safety talks YES NO
- I. conducting rigging operations with cranes, derricks, or other hoisting machines YES NO
- J. Conducting rigging operations with unguided hoisting devices YES NO
- K. Executing hand signals during rigging operations YES NO
- L. Rigging hoisting machines for use on existing buildings YES NO
- M. Inspecting, maintaining, repairing, or installing:
 - 1. Hoisting machines, including cranes and derricks YES NO
 - 2. Climber/tower crane assemblies, jumping, and disassembles YES NO
 - 3. Suspended scaffolds YES NO

Please list ALL the Applicant's job duties, not mentioned above, while under your direct supervision: (please use the Comment Section if more room is needed)

¹ Where work is performed either by or under the supervision of a licensed rigger or sign hanger, an individual properly issued a Certificate of Fitness may work on or operate a suspension scaffold.

² One or more of the following: an article that is at or above 95% of approved rated capacity of the hoisting equipment or rigging equipment; an article that is asymmetrical and is not provided with standard rigging ears; an article that has a wind sail area exceeding 500 square feet; a pick that may present and added risk because of clearance, drift, or interference; an article that is fragile or of thin shell construction and is not provided with standard rigging ears; a pick that requires multiple power operated hoisting equipment (tandem Pick; or a pick that requires out of the ordinary rigging equipment, methods, or setup.

Applicant Name: _____

Supervisor's Initials: _____

Please state any and all reasons of which you are aware why the New York City Department of Buildings should deny licensure to the Applicant as a New York City Rigger. I do not know of any reason.

ADDITIONAL COMMENTS

FORM ATTESTATION

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, 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 _____, 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 verification are true.

(NOTARY PUBLIC)

Applicant Name: _____

Supervisor's Initials: _____