



Sign Hanger: Master/Special 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 a certified Master or Special Sign Hanger with the New York City Department of Buildings. The Applicant indicated in his/her 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 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.
- Documentation pertaining to the applicant's time as Sign Hanging Forman should also be included (If applicable).
- Pages may be photocopied and as many additional pages may be attached as needed to complete this form.
- 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

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 New York City Licensed Sign Hanger? Yes No

If yes, list License #: _____ Date of Issuance: _____ Sign Hanger Type: Master Special

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

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

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APPLICANT'S EMPLOYMENT INFORMATION:

Employed From: _____ To: _____ Full Time Part Time

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

Applicant's Position/Title(s): _____

Were you a licensed Sign Hanger while the Applicant was under your supervision? Yes No

Was the Applicant designated as a Sign-Hanging Foreman while under your supervision? Yes No
(If yes, please attach official documentation regarding this designation to this verification form.)

If Yes, provide the total length of time you designated Applicant as your Sign-Hanging Foreman where Applicant had the full authority to inspect and approve the rigging equipment founding and setup prior to commencement of rigging operations and each time the founding or support changed, and was responsible for all aspects of safety on the job:

_____ years _____ months _____ days

Did Applicant have experience under your supervision in the hoisting, lowering, hanging or attaching any sign upon or on the outside of any building? Yes No

Under your direct and continuing supervision was applicant:

- a. Able to Identify critical picks¹ Yes No
- b. Familiar with the relevant sections of the Building Code Yes No
- c. Familiar with the relevant sections of OSHA safety standards Yes No
- d. Familiar with the relevant sections of the sign hanging industry's safety practices Yes No
- e. Trained to react properly to hoisting machines mechanical malfunctions or adverse weather Yes No

¹ rigging operations involving loads that: (i) are at or above 95% of approved rated capacity of the crane or rigging equipment, (ii) are asymmetrical or have a wind sail area exceeding 500 square feet, (iii) may present a problem because of clearance, drift, or other interference, (iv) are fragile or of thin shell construction and are not provided with standard rigging ears, (v) require multiple cranes or derricks (tandem picks), or (vi) require out of the ordinary rigging equipment, methods or setup.



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- f. Able to evaluate the fitness of the sign hanging crew, including where applicable, the issuance of a certificate of fitness pursuant section 1 RCNY §9-03 (Chapter 9 Rigging Operations) Yes No
- g. Able to read plans and specifications relating to sign construction and erection Yes No
- h. Able to read plans and specifications relating to supporting framework and other supports Yes No
- i. Knowledgeable of the problems and practices of sign construction and hanging Yes No
- j. Familiar with the equipment and tools used in sign installations Yes No
- k. Working or operating on a suspension scaffold Yes No

Was Applicant's experience primarily on

- a. Signs not exceeding 75 square feet (7 m2) in area, measured on one face only and not exceeding 25 pounds (11 kg) in weight Yes No
- b. Signs supported directly on the ground; Yes No
- c. Directional signs Yes No
- d. Temporary signs erected during the construction or alteration of a building and related to such work Yes No
- e. The erection or placing of any signs by employees of the city, any city department or other city agency. Yes No

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

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



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ADDITIONAL COMMENTS:

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 _____)

COUNTY OF _____) SS.:

On the _____ day of _____ in the year 20____, 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 stated in the foregoing verification are true.

(NOTARY PUBLIC)