

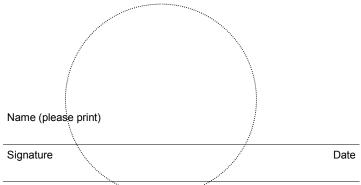
## TR2: Technical Report Concrete Sampling and Testing

Must be typewritten.

✓ Orient and affix BIS job number label here

	Sheet number 1						
1	Location Information	Required for all applications					
	House No(s)	Street Name					
	Borough	Block	Lot	BIN	CB No.		
	Work on Floor(s)				Apt/Condo No(s)		
2	Licensed Concrete Te	esting Lab Information R	equired for <b>all</b> applica	tions.			
	Director Last Name		Director First Name		Director Middle Initial		
	Business Name				Business Telephone		
	Business Address				Business Fax		
	City	State	Zip		Mobile Telephone		
	E-Mail						
	Director's Lic. Number		P.E. R.A.		Concrete Testing Lab Lic. Number		
3	Licensed Concrete Te	sting Laboratory's Ident	ification of Respo	nsibilities	Required prior to Permit.		
Check all that apply below:  I certify that I am the director of the licensed concrete testing laboratory accepting responsibility for conducting the testing in accordance with BC 1905.6 and BC 1704.1. I further certify that I have read the applicable sections of the New York City Construction Codes in connection with the resting of concrete and licensed concrete testing laboratories as well as 1 RCNY §5-02 and 1 RCNY §101-07(c)(6), which specifies the qualifications and duties required of a licensed concrete testing laboratory and that this licensed testing laboratory meets those qualifications for the work which I take responsibility. I agree that both I and the licensed concrete testing laboratory will comply with all provisions of the New York City Construction Codes as well as 1 RCNY §5-02 and 1 RCNY §101-07(c)(6). I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.							
C	Change of Applicant: I am a newly designated individual responsible for the testing specified herein and I hereby state that:  None of the tests indicated herein have been performed to date by the previously designated individual.						
Ē	Some of the tests indicated herein have been performed by the previously designated individual, as indicated in the attached report.						
_	lame (please print)	ed herein have been genom	Date	esignated in	nividual, as indicated in the attached report.		
	P.E. / R.A. Seal (apply seal, then sign and date over seal)						

☐ I certify that the licensed concrete testing laboratory specified in section 2 above and engaged by the owner to perform tests on the work at the location specified in section 1 above is acceptable. (BC 1704.1)



P.E. / R.A. Seal (apply seal, then sign and date over seal)

## 5 Building Owner's Statement and Signature Required prior to Permit

I certify that I have employed the licensed concrete testing laboratory specified in section 2 above in accordance with BC 1704.1. Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange .for special consideration. Violation is punishable by a fine or imprisonment, or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency. I may be barred from filing further applications or document with the Department.

Name (print)	Title
Signature	Date

## STOP HERE PRIOR TO PERMIT

Sheets

of

TR2

6 Test Report Required prior to Sign-off. Use supplemental pages as needed. Attach Original Lab Test Reports

Specified Co	ncrete Str. (f' c):		PSI			Required Tes	t Age (days):		
			Sampling:						
Test Report Number	Date of Placement	Cylinder I.D.	Slump	Air Content	Temperature	Weight	Placement Location	Total Placement	Breaking Strength
			in	%	F	lbs/ft³		yd³	PS
						***************************************			
							**.	1	
				Lice	nsed Concrete	Lab Director N	lame (please ¡	orint)	
				Sign	ature				Da
					\	\			
						The same of the sa		ere.	

Sheet number of Sheets

7	Licensed Concrete Testing Laboratory's Certification of Completion Required prior to Sign-off
	I certify that I have completed the testing specified herein and that the results reported in section 6 of this form are true and accurate in accordance with §28-406.3.2.
	I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.
	Withdrawal of Applicant: Tam withdrawing responsibility for conducting the tests indicated herein and herewith submit the results or status of the work performed to date.  Name (please print)  Signature  Date  P.E. / R.A. Seal (apply-seal, then sign and date over seal)
8	Design Applicant's Statements and Signatures Required prior to Sign-off. P.E./R.A. responsible for plans, choose one and sign/seal.
	I certify I have reviewed the test results reported by the licensed concrete testing lab in section 6 above and found them to be in compliance with the approved construction documents.  I certify I have reviewed the test results reported by the licensed concrete testing lab in section 6 above and found them to be in compliance with the approved construction documents except as noted in the attached report (BC 1905.6).  Note: design applicant's signed and sealed report must be attached to this document  Name (please print)
	Signature Date
_	P.E. / R.A. Seal (apply seal, then sign and date over seal)

9 Concrete Producer's Statement and Signature Required prior to Sign-off. Must be filled out by Owner of Production Facility.

I certify that the test results reported in section 6 above were reported to me, and I further certify that the concrete delivered is in accordance with the design mix(es) specified on the TR3 submitted for the work specified in section 1 above.

Name (print)		Title		
Signature Date		NRMCA/CIB Expiration Date (BC 1905.8.2)		
Business Name		Business Telephone		
Business Address		Business Fax:		
City	State	Zip		