



1 Application Information *Required for all applications.*

Amendment Prototype Number: Invoice Number: Fee Paid: \$

2 Equipment Information (Maximum Configuration) *Required for all applications.*

Mobile Crane Tower Crane Self-Erecting Tower Crane Dedicated Pile Driver Derrick (Type: _____)

Manufacturer: Model:

Maximum:	Rated Capacity:	Capacity Units:	<input type="checkbox"/> Tons	<input type="checkbox"/> Kips	<input type="checkbox"/> Pounds
	Boom: ft	Jib: ft	Other Attachments		ft Total: ft
	Freestanding Height: ft		Counterweight Configuration: Min: lbs		Max: lbs

Transmission Type		Power		Mast Sections		Climbing Type		Boom Type			
<input type="checkbox"/>	Hydraulic / Pneumatic	<input type="checkbox"/>	Gas	Mast Section Depth	ft	<input type="checkbox"/>	Internal	<input type="checkbox"/>	Articulating	<input type="checkbox"/>	Lattice
<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	Diesel	Mast Section Width	ft	<input type="checkbox"/>	External	<input type="checkbox"/>	Luffing	<input type="checkbox"/>	Telescoping
		<input type="checkbox"/>	Electric	Mast Section Height	ft	<input type="checkbox"/>	Self-Erecting				

Carrier Type		Overall Carrier			Cable Size				
<input type="checkbox"/>	Crawler	<input type="checkbox"/>	Rough Terrain	Length	ft	Width	ft	1	2
<input type="checkbox"/>	Industrial Truck	<input type="checkbox"/>	All Terrain	Width With Outriggers Extended		ft	3	4	
<input type="checkbox"/>	Commercial Truck (Boom Truck)			Tailswing	ft	Number of Drums:			

3 Engineer Information *Required for all applications. On Behalf Of:* Owner

Last Name First Name Business Telephone
 Business Name Business Fax
 Business Address Mobile Telephone
 City State Zip Country
 E-Mail License Number
(if applicable)

4 Manufacturer *Required for all applications.* Manufacturer no longer in business Manufacturer did not reject amendment request

Last Name First Name Title
 Business Name Mobile Telephone
 Business Address Business Telephone
 City State Zip Business Fax
 E-Mail Country

5 Owner Information *Required for all applications.*

Last Name First Name Title
 Business Name Mobile Telephone
 Business Address Business Telephone
 City State Zip Business Fax
 E-Mail Country

6 Prototype Test Information *Only for mobile and tower cranes that require prototype testing.*

The prototype test was conducted in accordance with:

<input type="checkbox"/>	SAE J1063—1993	<input type="checkbox"/>	EN 13000—2004
<input type="checkbox"/>	SAE J987—2003	<input type="checkbox"/>	EN 14439—2006

6 Prototype Test Information continued

Prototype Test Witness Only where SAE testing is conducted.

Last Name		First Name		Middle Initial
Business Name			Business Telephone	
Business Address			Business Fax	
City	State	Zip	Mobile Telephone	
E-Mail			License Number <i>(if applicable)</i>	

7 Standards Required for all applications.

The device is designed and constructed to, and the supplied manuals and load rating charts are in accordance with:

	Standard	Year		Standard	Year		Standard	Year
<input type="checkbox"/>	ASME		<input type="checkbox"/>	EN		<input type="checkbox"/>	Other	

8 Attachments Required for all applications.

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Manuals	<input type="checkbox"/>	<input type="checkbox"/>	List of Components	<input type="checkbox"/>	<input type="checkbox"/>	Listing of amendment revisions
<input type="checkbox"/>	<input type="checkbox"/>	Load Rating Charts	<input type="checkbox"/>	<input type="checkbox"/>	Counterweight tables	<input type="checkbox"/>	<input type="checkbox"/>	Amendment request to manufacturer
<input type="checkbox"/>	<input type="checkbox"/>	Maintenance Checklists	<input type="checkbox"/>	<input type="checkbox"/>	Tables of allowable installation and use	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Inspection Checklists						

9 Statement and Signatures Required for all applications.

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 imprisonment or fine or both.

Owner's Statement

As an authorized representative of the owner of the subject crane, derrick, or pile driver, I certify: (1) that the information submitted by the owner as part of this application is correct to the best of my knowledge; and (2) the owner will comply with the provisions of the amendment described herein, including but not limited to ensuring, as applicable, all cranes, derricks, or pile drivers owned by such owner utilizing the amendment are provided with revised load rating charts and manuals, as well as plates, tags, and decals as necessary to accord with the specifications of this amendment.

Signature: _____ Date: _____

Test Witness' Statement

I certify that the tests specified in Section 6 above were performed in accordance with 1 RCNY § 3319-01(e)(3) and the standard identified in Section 6 above. In addition, the above information is correct to the best of my knowledge.

Signature: _____ Date: _____

Engineer's Statement

I certify: (1) that the information submitted as part of this application is correct to the best of my knowledge; (2) that the manufacturer's original safety factor of the equipment is not reduced by the amendment; (3) that the subject crane, derrick or pile driver is designed and constructed to, and the supplied manuals and load rating charts are in accordance with 1 RCNY § 3319-01 and the standard identified in Section 7 above; (4) (where prototype testing is required) the crane, in all configurations for which approval is sought, successfully passed the prototype test identified in Section 6 above; (5) (for a tower crane, other than a self-erecting tower crane) the attached Tables of Allowable Installation and Use are in accordance with 1 RCNY § 3319-01(d)(1)(viii) and ASCE 7-2005; and; (6) I approve the modification/addition specified in this amendment.

Signature: _____ Date: _____

P.E. Seal *(apply seal, then sign and date over seal)*



Internal Use Only

Examiner Name:	Date Received:
Examiner Signature:	Date: