

## 1. APPLICATION TYPE

☐ New ☐ Renewal ☐ Reissue (Lost/Stolen) ☐ Change (i.e. Address/Business/Deactivation) ☐ Reinstatement

## 2. LICENSE NUMBER

License No. \_\_\_\_\_

## 3. LICENSE TYPE

☐ Elevator ☐ Director ☐ Co-Director ☐ Inspector ☐ Technician ☐ Limited Technician ☐ Helper  
☐ Engineer ☐ Stationary ☐ Portable ☐ Sign Hanger ☐ Master ☐ Special  
☐ Hoisting Machine Operator ☐ A ☐ B ☐ C ☐ Site Safety ☐ Manager ☐ Coordinator  
☐ Master Plumber ☐ Master Fire Suppression Piping Contractor ☐ A ☐ B ☐ C  
☐ Concrete Safety Manager ☐ Construction Superintendent  
☐ Oil Burning Equipment Installer ☐ A ☐ B ☐ Rigger ☐ Master ☐ Special ☐ Tower

## 4. APPLICANT INFORMATION *(required for all applications)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
 Home Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone No. \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

## 5A. PRIMARY BUSINESS INFORMATION *(required for all applications)*

Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Business Phone \_\_\_\_\_

## 6. LICENSE USE *(choose one)*

☐ Individual/Sole-Proprietor  
☐ on behalf of a Corporation  
☐ on behalf of a Partnership  
☐ on behalf of a City Agency

## 5B. SECONDARY BUSINESS INFORMATION

Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Business Phone \_\_\_\_\_

## 7. CITY EMPLOYEE?

☐ Yes ☐ No

## 8. PARTNER & OFFICER INFORMATION *(must list all partners or officers)*

Name:	Phone No.:
License No.:	% Control:
Title(s):	
Address:	
City:	State: Zip:

Name:	Phone No.:
License No.:	% Control:
Title(s):	
Address:	
City:	State: Zip:

Name:	Phone No.:
License No.:	% Control:
Title(s):	
Address:	
City:	State: Zip:

Name:	Phone No.:
License No.:	% Control:
Title(s):	
Address:	
City:	State: Zip:

## 9. LICENSING HISTORY

List all licenses, certifications, or registrations issued to you, by any City or State.

NAME	TYPE	LIC/CERT/REGISTRATION NO.	CURRENT STATUS	EXPIRATION DATE

Do you have a valid driver's license? ☐ Yes ☐ No Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

If **Yes** to any of the following questions, please indicate the type of license/certification/registration with additional details in **Section 10 COMMENTS**:

- ☐ Yes ☐ No Have any licenses or privileges granted to you or your associated business(es) by the NYC Department of Buildings or any other government entity ever been rescinded, revoked, surrendered, suspended, otherwise disciplined, or have you or your related business(es) ever been disqualified from performing inspections?
- ☐ Yes ☐ No Have any license application(s) ever been denied to you by DOB or any other government entity?

## 10. COMMENTS

## 11. CONVICTIONS & FINES

If you answer **Yes** to any of these questions, you **must** complete and attach form **LIC34**.

- ☐ Yes ☐ No Have you ever been convicted or pled guilty to an offense anywhere (an offense is defined as a violation, misdemeanor or felony? For renewal applicants, were you convicted since your last renewal?
- ☐ Yes ☐ No Do you owe any penalties to the City of New York?
- ☐ Yes ☐ No Does any company or business you have been associated with under your Department-issued license owe any fines, penalties or fees to the City of New York that were incurred during your association with that company or business?

## 12. STATEMENTS & SIGNATURES

As a condition of being granted a license, I attest that I comply with all New York City Administrative Code and Department rules, regulations, and directives governing how licensees conduct their specific trade. I understand it is unlawful to make a false statement to the Department; or 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. Such actions are punishable by imprisonment, fine and/or loss of license. In the event of an accident that involves my actions undertaken in connection with my license, I understand that the Administrative Code requires that I cooperate with any investigation and that failure to do so may result in immediate suspension, revocation or other disciplinary action.

Name ( <i>print</i> )	<b>Notarization</b>	<b>Notary Seal</b>
	State of New York, County of:	
Signature	Sworn to or affirmed under penalty of perjury	
	day of 20	
Date	Notary Signature	

### INTERNAL USE ONLY

Fee Paid: \$	Transaction Type:	
Expiration Date:	Clerk's Signature:	Date: