



LIC2: License Application

Application must be typewritten.
License Number Section is used for: Changes, Renewals, and Reissues

1 APPLICATION TYPE

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

2 LICENSE NUMBER

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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 Concrete Safety Manager
 Master Fire Suppression Piping Contractor A B C Construction Superintendent
 Oil Burning Equipment Installer A B Rigger Master Special Tower

4 APPLICANT INFORMATION *(required for all applications)*

First Name: _____ Middle Initial: _____ Last Name: _____
 Home Address: _____ Home Telephone: _____
 City: _____ State: _____ Zip: _____ Mobile Telephone: _____
 Date of Birth (m/d/yy) _____ *Social Security No.: _____ Email: _____

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

Bus. Name: _____ Bus. Email: _____
 Bus. Address: _____ Bus. Phone: _____
 City: _____ State: _____ Zip: _____

5B SECONDARY BUSINESS INFORMATION

Bus. Name: _____ Bus. Email: _____
 Bus. Address: _____ Bus. Phone: _____
 City: _____ State: _____ Zip: _____

6 LICENSE USE *(choose one)*

Individual/Sole-Proprietor
 On Behalf of a Corporation
 On Behalf of a Partnership
 On Behalf of a City Agency

7 CITY EMPLOYEE?

Yes No

8 PARTNER OR OFFICER INFORMATION *(must list all partners or officers)*

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

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

Yes No Do you currently have a valid driver's license? State where issued: _____ Driver's License No.: _____
 Yes No Have any licenses or privileges granted to you or your associated business(es) by the 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? If **Yes** please indicate the type of license/certification/registration with the reason for the suspension, restriction, surrender, revocation, or disciplinary action in **Section 10**.
 Yes No Have any license application(s) even been denied to you by the Department of Buildings or any other government entity?

*Social Security Number is required for NEW applicants only.

