

DATE: _____

1 Applicant Information (required for all applicants)

- Choose One:**
- | | | |
|--|--|--|
| <input type="checkbox"/> Gas Work Qualification | <input type="checkbox"/> Site Safety Manager | <input type="checkbox"/> Tower/Climber Crane Rigger |
| <input type="checkbox"/> Master Rigger | <input type="checkbox"/> Master Sign Hanger | <input type="checkbox"/> Stationary Engineer |
| <input type="checkbox"/> Master Plumber | <input type="checkbox"/> Master Electrician | <input type="checkbox"/> Special Electrician |
| <input type="checkbox"/> Master Fire Suppression Piping Contractor – Class: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | <input type="checkbox"/> Private Agency Elevator Director | <input type="checkbox"/> Private Agency Elevator Inspector |
| | <input type="checkbox"/> Oil Burner – Class: <input type="checkbox"/> A <input type="checkbox"/> B | |

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____ State: _____ Zip: _____

City: _____ **Social Security Number: _____

Date of Birth (MM/DD/YY) _____ Telephone Number: _____

*Email Address: _____

**Applicants must enter a valid email address. Notification to schedule your exam will be sent via email.*

DISCLAIMER: Please be aware that all applicants will be allowed to take the practical examination before they are found qualified for the license by the Department. It is solely the applicant's responsibility to ensure that he or she has the **necessary qualifications**, for the license type for which they are applying.

APPLICATION FILING INSTRUCTIONS

SUBMISSION: The below items must be properly completed, signed, and sent by mail with the exam fee to

**NYC Department of Buildings
 Licensing & Exams Unit
 280 Broadway, 1st Floor
 New York, NY 10007**

Remember to include:

1. This exam application
2. **\$525.00** exam fee *(does not include license issuance fee)*
 - The fee **must** be paid by **money order only** and is payable to the **NYC Department of Buildings**.
 - Include the last four digits of your social security number on the front of the money order.
 - Please retain your copy of the money order receipt as proof of filing. **Fee is nonrefundable.**

DECLARATION *(to be completed by the applicant)*

I hereby certify that I have read and understood the basis for qualifications for this license and, as of the date of this signed form, have met all qualifications according to the NYC Administrative Code, applicable rules and regulations for licensure. I declare under penalties of Penal Law, that statements contained in this application are to the best of my knowledge and belief, true and correct and that I have not knowingly and willingly made a false statement of given information which I know to be false in connection herewith. Falsification of any statement is a misdemeanor under Sections 28-211.1, 28-201.2.1.2 and 28-203.1.1 of the NYC Administrative Code and is

Name (print)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury	
Date	____ day of _____ 20____	
	Notary Signature	

The New York State Executive Law prohibits discrimination on the basis of age, race, creed, color, sexual orientation, national origin, military status, sex, marital status, or disability.

**In accordance with Federal and State Laws, the NYC Department of Buildings requires that all applicants for licenses/license holders provide their Social Security Number (SSN). DOB will use the SSN to conduct background investigations and maintain accurate license and related records. This information may be shared with other government agencies, consistent with applicable laws and Departmental policy or with the SSN holder's written permission, but will otherwise be kept confidential. The specific statutory authority for requiring SSN's is in the following: Federal Law-Privacy Act of 1974 (Section 7 of P.L., 93-579); Welfare Reform Act of 1996 (42 USCA 666(a)), and Section 5 of the NYS Tax Law.