



LIC2: License Application

Form 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

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>)	Notarization	Notary Seal
	State of New York, County of:	
Signature	Sworn to or affirmed under penalty of perjury	
Date	day of 20 Notary Signature	

INTERNAL USE ONLY

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