

**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

**7. CITY EMPLOYEE?**

Yes  No

**5B. SECONDARY BUSINESS INFORMATION**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Business Phone \_\_\_\_\_

## 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 (print)	Notarization	Notary Seal
	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: