

File Representative—Last Name



CD5: Suspended Scaffold Application
File 3 copies / Application must be typewritten

1 Application Type
Initial Amendment Renewal
This is an Industrial Roped Access Job This is a Site Safety Job

2 Location Information
Borough Block Lot
Address Number of Stories

3 Filing Representative Information
Name Registration #
Business Name
Address City State Zip
Phone Fax E-Mail

4 Rigger/Sign Hanger Information
Name License #
Business Name
Address City State Zip
Phone Fax E-Mail

5 Owner or Managing Agent Information
Name Title
Business Name
Address City State Zip
Phone Fax E-Mail

6 Job Information
Description of Work to be Performed:
Date Submitted Stamp
Expected Start Date: Approximate Duration of Job:

7 Statements and Signatures

I certify that the subject work and setup of equipment will be done under my supervision or under the supervision of \_\_\_\_\_ (Supervisor, Foreman, or Rigger/Sign Hanger). The work will be done in a safe and workman-like manner. Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful 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. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name of Licensed Rigger/Sign Hanger (please print) Signature of Licensed Rigger/Sign Hanger Date

Internal Use Only
Approved by Examiner:
Signature of Examiner:
Application Number:
Expiration Date: