



DEPARTMENT OF BUILDINGS  
EXECUTIVE OFFICES  
60 HUDSON STREET, NEW YORK, N. Y. 10013  
CHARLES M. SMITH, Jr., R.A., *Commissioner*  
312-8100

JACOB GRILL, P.E.  
Assistant Commissioner  
(212) 312-8301

ISSUANCE # 133

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TECHNICAL  
POLICY AND PROCEDURE NOTICE # 18 /88

TO: DISTRIBUTION (See Attached List)

FROM: Jacob Grill, P.E., Assistant Commissioner

DATE: September 29, 1988

SUBJECT: CERTIFICATION BY EXPERIENCED PERSON OF HAVING SUPERVISED  
JUMPING OF EXTERNAL OR INTERNAL CLIMBER CRANE (FORM #33).



DEPARTMENT OF BUILDINGS  
 EXECUTIVE OFFICES  
 60 HUDSON STREET, NEW YORK, N. Y. 10013  
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JACOB GRILL, P.E.  
 Assistant Commissioner  
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Form CD 33  
 ISSUANCE # 133

TECHNICAL  
POLICY AND PROCEDURE NOTICE # 18/88

This form is to be completed and sent or hand delivered to the Cranes and Derricks Division Forty Eight (48) hours before climbing or jumping a Tower Crane.

Crane C.D.# \_\_\_\_\_/C.N.# \_\_\_\_\_  
 Crane Location: \_\_\_\_\_

External Climbing Crane:  (Check one)  
 Internal Climbing Crane:

Date of Jump: \_\_\_\_\_

I, \_\_\_\_\_ representing the owner of the crane or contractor have been designated as the supervisor in charge of jumping the above crane. I will personally check that all horizontal bracing, collars, shoring, and wedges conforms to the drawings approved by the Cranes and Derricks Division.

I, \_\_\_\_\_, am a person having at least three (3) years of experience in construction or erection of Tower Cranes.

SUPERVISOR'S NAME (print) \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NAME OF OWNER OR CONTRACTOR (print) \_\_\_\_\_

SIGNATURE, OWNER OR CONTRACTOR: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_