# Site Safety Manager
# Experience Verification Form

Applicant Name: _____
(print)

Company Name Where Applicant Was Supervised: _____
(print)

**This form will be used by the NYC Department of Buildings to verify that the above mentioned Applicant has the necessary experience to obtain a Site Safety Manager Registration.**

## Instructions to Applicant

Please print your name and the name of the company for which you worked and give this form to **EACH** licensee or supervisor that you have worked for during the timeframe you are claiming as qualifying experience.

## Instructions to Supervisor/Licensee

Please read and follow these directions before filling out the form:

- This form **MUST** be completed by one of Applicant's supervisor(s) that has personal knowledge of Applicant's duties, responsibilities, and functions at the company. This form may copied and completed by each supervisor that Applicant had at the company if necessary.
- All sections of this verification form must be completed and the form must be signed and notarized. It **MAY NOT** be signed by an Office Manager or Personnel/Human Resources employee.
- Answer **EVERY** question or indicate "N/A" (not applicable) when the question does not apply to you or Applicant.
- If you supervised Applicant at more than one company please photocopy the blank verification form and fill out additional forms for each company.
- You may include additional information in the Comment Section or you may attach additional pages if needed.
- Once completed, please give the **ORIGINAL** notarized verification form(s) to Applicant.

YOUR FAILURE TO FULLY AND ACCURATELY COMPLETE THIS VERIFICATION
**MAY RESULT IN APPLICANT'S DISQUALIFICATION**
FOR CERTIFICATION AS A SITE SAFETY MANAGER

# Site Safety Manager
# Experience Verification Form

1. Your name (supervisor): _____

   Company name:_____ Your title: _____

   Your telephone number:_____ Your fax number: _____

   Your email address: _____

2. Do you hold any ***professional*** licenses, certifications, or registrations?.....☐Yes ☐No

   License Type & No.: _____ Issuing Agency: _____

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   License Type & No.: _____ Issuing Agency: _____

3. Date(s) Applicant worked at this company (mm/dd/yy): (use comment section if needed)

   a. From _____ To _____

   b. From _____ To _____

4. Did you supervise Applicant?.....☐Yes ☐No
   If no, how did you acquire the information to complete this verification?

   _____

   _____

   _____

5. Is Applicant still employed with your company?.....☐Yes ☐No

   If no: Why did Applicant leave? _____

6. Please list Applicant's job title(s), dates held (mm/dd/yy) and daily duties, use comment section if additional space is needed:

   Job Title: _____ From _____ To _____

   Daily Duties:

   _____

   _____

   Job Title: _____ From _____ To _____

   Daily Duties:

   _____

   _____

## QUALIFICATION INFORMATION

7. Did Applicant supervise employees who were performing construction work?....☐**Yes** ☐ **No**

   Dates of supervision experience (mm/dd/yy), if any:

   From _____ To _____

8. Did Applicant complete an 18 month On-the-Job-Training Program?.....☐**Yes** ☐ **No**

   a. Were the buildings worked on major buildings? ……..☐**Yes** ☐**No**

   b. Was the training performed under the direct and continuing supervision, daily on-site training, of a certified Site Safety Manager?...……..☐ **Yes** ☐**No**

      Licensee Name & License No.: _____

   c. Was the training full-time and paid? ……☐**Yes** ☐**No**

   d. Were dated and notarized monthly summaries completed by the certified supervising Site Safety Manager at the end of every month of the training program?.....☐**Yes** ☐**No**

   e. Did the training program cover all phases of construction, including but not limited to: excavation, foundation work, plumbing, electrical, and mechanical?.....☐**Yes** ☐**No**

   f. Did the supervising certified Site Safety Manager supervise a maximum of two trainees simultaneously?.....☐**Yes** ☐**No**

9. Was Applicant a building code enforcement official enforcing the construction provisions of the NYC Building Code? ……☐ **Yes** ☐ **No**

   Dates of experience (mm/dd/yy): From _____ To _____

   a. Did Applicant inspect major buildings under construction? ……..……☐ **Yes** ☐**No**
      If yes, list the percentage of time Applicant spent inspecting major buildings under construction _____%

10. Was Applicant a field safety official for a governmental entity or Construction firm?.....☐ **Yes** ☐**No**

    Dates of experience (mm/dd/yy): From _____ To _____

    a. Was Applicant a field safety manager or safety engineer for a safety consulting firm specializing in construction? …….☐**Yes** ☐**No**

       Dates of experience (mm/dd/yy): From _____ To _____

11. Did Applicant successfully complete a New York State Apprenticeship Program for Site Safety Manager approved by the Department of Buildings?.....☐**Yes** ☐**No**

    Dates of training (mm/dd/yy): From _____ To _____

12. Did Applicant work in a relevant construction trade using plans in furtherance of building construction?..……...……☐**Yes** ☐**No**

    Dates of experience (mm/dd/yy): From _____ To _____

    a. Was Applicant an on-site supervisor of employees who were using plans in furtherance of building construction? ……☐**Yes** ☐**No**

       If yes, list the dates of supervision experience (mm/dd/yy):

       From _____ To _____

**<u>Major Buildings Experience</u>**

13. On the spaces provided below, please list the timeframes and full address(es) of major buildings experience obtained by Applicant. Major Buildings are defined as either: 10 or more stories; 125 feet or more in height; a building with a lot coverage of 100,000 square feet or more regardless of height; or as designated by the commissioner of the Department of Buildings.

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**From** _____ **To** _____

**Address:** _____ **NYC Job No.:** _____
(House # & Street) (City) (State) (Zip)

**Applicant worked at this project/work site:** ☐ Full Time ☐ Part Time, Hrs per week_____

**Was Applicant a NYC Certified Site Safety Coordinator at this location? Yes** ☐ **No** ☐

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**(YOU MAY PHOTOCOPY THIS PAGE TO SUBMIT ADDITIONAL PROJECTS)**

**ADDITIONAL COMMENTS:**

**I have voluntarily provided the above information regarding this applicant. I attest to the truthfulness of my statement and fully understand that this information is subject to verification by the appropriate City, State and Federal Agencies. I acknowledge that false statements made herein are punishable as a Class 'A' Misdemeanor pursuant to section 210.45 of the NYS Penal Law.**

Your name (supervisor):_____
(print)

Your signature: _____ Date: _____

State of _____)

County of _____)SS.:

Sworn to before me this

_____ day of _____

_____ (Affix Seal Here)
(NOTARY PUBLIC)