



HOISTING MACHINE OPERATOR EXPERIENCE VERIFICATION FORM

Applicant Name: _____
(PLEASE PRINT)

Company Name where applicant was supervised: _____
(PLEASE PRINT)

- Applicant must obtain a completed verification affidavit from every business/firm where Applicant was employed.
 - An original verification affidavit from each employer/supervisor must be received before Applicant's background investigation can be started.
 - Please read and follow these directions before filling out the form:
 - Applicant's name must appear on every page.
 - Please print or type your answers. Illegible entries will not be considered.
 - All sections of this verification form must be completed by the Applicant's direct supervisor. It **MAY NOT** be completed by an Office Manager or Personnel/Human Resources employee.
 - The Applicant's supervisor and **NOT THE APPLICANT** must complete all portions of this verification form. It must be signed and notarized.
 - Please list **ONLY** the job duties the Applicant performed under your direct supervision.
 - Answer every question or indicate "N/A" (not applicable) when the question does not apply to you.
 - Please attach copies of all **ACTIVE** hoist machine/crane operation licenses you currently hold.
- NOTE: ONLY THE HOISTING MACHINES INCLUDED IN THIS AFFIDAVIT WILL BE CONSIDERED.*
- Pages may be photocopied and as many additional pages may be attached as needed to complete this form.
 - You must complete and include the Hoisting Machine Chart with this verification.

SUPERVISOR'S INFORMATION



HOISTING MACHINE OPERATOR EXPERIENCE VERIFICATION FORM

Your name and current job title: _____

Your Company/Firm Name: _____

Your current telephone number: _____ Fax number: _____

Your title when supervising the Applicant (if different): _____

Are you currently a NYC Licensed Hoisting Machine Operator (HMO)? YES NO

If yes, list License No.: _____ Date of Issuance: _____ HMO Class: _____

Please list any additional ACTIVE hoist machine/crane operation license(s) you hold and the State of licensure
(please attach copies):

License No.: _____ State/Agency of Issuance: _____ Date of Issuance: _____

License No.: _____ State/Agency of Issuance: _____ Date of Issuance: _____

APPLICANT'S EMPLOYMENT INFORMATION

Applicant Employed From: _____ to: _____

Employment: Full Time *OR* Part Time

Dates you directly supervised the Applicant: from _____ to _____

Applicant's Position/Title(s): _____

Were you a licensed as a HMO while the Applicant was under your supervision? YES NO

If yes, list License No.: _____ State of Issuance: _____ Date of Issuance: _____

If NYC licensee, list your HMO Class during your times of supervision: _____



HOISTING MACHINE OPERATOR EXPERIENCE VERIFICATION FORM

Please list **ALL** of the Applicant's job duties while under your supervision:

Please list the Applicant's duties when operating a crane:

Was the applicant ever terminated, asked to resign or subject to any disciplinary action while in your employ?
 YES NO If yes, please explain:

Please state any and all reasons of which you are aware why the Department should deny licensure as a NYC Hoisting Machine Operator to the Applicant. I do not know of any reason.

ADDITIONAL COMMENTS



PLEASE COMPLETE THE FOLLOWING CHART DESCRIBING MACHINERY THE APPLICANT OPERATED UNDER YOUR DIRECT SUPERVISION

FOR OFFICIAL USE ONLY <i>DO NOT MARK</i>	REQUIRED MACHINE MAKE & MODEL # (one per box)	CRANES & DERRICKS NUMBER	MACHINE DESCRIPTION* (Check Only One)	TIME PERIODS YOU SUPERVISED APPLICANT OPERATING THIS MACHINE	MACHINE BOOM SIZE LENGTH	MAXIMUM CAPACITY IN LBS.	MACHINE RATED CAPACITY	NUMBER OF CRANE SET-UPS	WAS THE MACHINE EXCLUSIVELY USED FOR THE ERECTION, MAINTENANCE OR REMOVAL OF SIGNS	LOCATION WHERE APPLICANT OPERATED MACHINE
			<input type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C1 <input type="checkbox"/> CLASS C2 <input type="checkbox"/> CLASS C3	START DATE: _____ END DATE: _____	With Jib: Without Jib: Total Length:		TON		YES NO <i>If no please explain:</i>	STATE: CITY & COUNTY:
			<input type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C1 <input type="checkbox"/> CLASS C2 <input type="checkbox"/> CLASS C3	START DATE: _____ END DATE: _____	With Jib: Without Jib: Total Length:		TON		YES <input type="checkbox"/> NO <i>If no please explain:</i>	STATE: CITY & COUNTY:
			<input type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C1 <input type="checkbox"/> CLASS C2 <input type="checkbox"/> CLASS C3	START DATE: _____ END DATE: _____	With Jib: Without Jib: Total Length:		TON		YES NO <i>If no please explain:</i>	STATE: CITY & COUNTY:
			<input type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C1 <input type="checkbox"/> CLASS C2 <input type="checkbox"/> CLASS C3	START DATE: _____ END DATE: _____	With Jib: Without Jib: Total Length:		TON		YES NO <i>If no please explain:</i>	STATE: CITY & COUNTY:

*Machine Description

- Class A- Cranes with total boom less than 200 feet (60, 960 mm) in length, derricks and cableways, exceeding truck-mounted tower cranes that exceed 200 feet (60, 960mm) in height.
- Class B- Cranes with a boom, including jibs and other extensions exceeding 200 feet (60, 960 mm) in length or truck-mounted tower crane exceeding 200 feet (60, 960 mm) in height, or as otherwise provided in rules of the department.
- Class C1- Wheel mounted cranes (single control station) with telescoping, hydraulic or folding booms, including jibs and any other extensions to the boom, not exceeding 200 feet in length (60, 960 mm) with a manufacturer's rated capacity of 50 tons (51 t) or less.
- Class C2- Boom Trucks with telescoping, hydraulic or folding booms, including jibs and any other extensions to the boom, not exceeding 200 feet (60, 960 mm) in length with a manufacturer's rated capacity of 50 tons (51 t) or less.
- Class C3- Boom Trucks with telescoping, hydraulic or folding booms, including jibs and any other extensions to the boom, not exceeding 135 feet (41, 148 mm) in length with a manufacturer's rated capacity of three tons or less, used exclusively for the erections, maintenance or removal of signs.

This page may be copied if additional entries are needed



HOISTING MACHINE OPERATOR EXPERIENCE VERIFICATION FORM

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.

Print your name: _____

Your signature: _____ Date: _____

STATE OF _____)

COUNTY OF _____) SS.:

On the _____ day of _____ in the year 20_____, the above signatory,

_____, personally known to me or proved to me on the basis of satisfactory evidence, personally appeared before me and subscribed his/her name to the above Verification and, after being duly sworn upon his oath, says that the facts alleged in the foregoing affidavit are true.

(Affix Stamp/Seal Here)

(NOTARY PUBLIC)