



CD1: Crane / Derrick / Pile Driver Prototype Application

Application must be typewritten.

Buildings

1 Application Information *Required for all applications.*

New Amendment Prototype Number: Invoice Number: Fee Paid: \$

2 Equipment Information (Maximum Configuration) *Required for all applications.*

Mobile Crane Tower Crane Self-Erecting Tower Crane Dedicated Pile Driver Derrick (Type: _____)

Manufacturer: Model:

| | | | | |
|-----------------|-------------------------|---|---------------------------------------|--------------|
| Maximum: | Rated Capacity: | Capacity Units: <input type="checkbox"/> Tons <input type="checkbox"/> Kips <input type="checkbox"/> Pounds | | |
| | Boom: ft | Jib: ft | Other Attachments | ft Total: ft |
| | Freestanding Height: ft | | Counterweight Configuration: Min: lbs | Max: lbs |

| Transmission Type | | Power | | Mast Sections | | Climbing Type | | Boom Type | | | |
|--------------------------|-----------------------|--------------------------|----------|---------------------|----|--------------------------|---------------|--------------------------|--------------|--------------------------|-------------|
| <input type="checkbox"/> | Hydraulic / Pneumatic | <input type="checkbox"/> | Gas | Mast Section Depth | ft | <input type="checkbox"/> | Internal | <input type="checkbox"/> | Articulating | <input type="checkbox"/> | Lattice |
| <input type="checkbox"/> | Mechanical | <input type="checkbox"/> | Diesel | Mast Section Width | ft | <input type="checkbox"/> | External | <input type="checkbox"/> | Luffing | <input type="checkbox"/> | Telescoping |
| | | <input type="checkbox"/> | Electric | Mast Section Height | ft | <input type="checkbox"/> | Self-Erecting | | | | |

| Carrier Type | | Overall Carrier | | | Cable Size | | | | |
|--------------------------|-------------------------------|--------------------------|---------------|--------------------------------|------------|-------|----|------------------|---|
| <input type="checkbox"/> | Crawler | <input type="checkbox"/> | Rough Terrain | Length | ft | Width | ft | 1 | 2 |
| <input type="checkbox"/> | Industrial Truck | <input type="checkbox"/> | All Terrain | Width With Outriggers Extended | ft | | | 3 | 4 |
| <input type="checkbox"/> | Commercial Truck (Boom Truck) | | | Tailswing | ft | | | Number of Drums: | |

3 Engineer Information *Required for all applications. On Behalf Of:* Owner Manufacturer

Last Name First Name Business Telephone
 Business Name Business Fax
 Business Address Mobile Telephone
 City State Zip Country
 E-Mail License Number (if applicable)

4 Manufacturer *Required for all applications.*

Last Name First Name Title
 Business Name Mobile Telephone
 Business Address Business Telephone
 City State Zip Business Fax
 E-Mail Country

5 Owner Information *Only for new application filed by the Owner.*

Last Name First Name Title
 Business Name Mobile Telephone
 Business Address Business Telephone
 City State Zip Business Fax
 E-Mail Country

6 Prototype Test Information *Only for mobile and tower cranes that require prototype testing.*

The prototype test was conducted in accordance with:

| | | | |
|--------------------------|----------------|--------------------------|---------------|
| <input type="checkbox"/> | SAE J1063—1993 | <input type="checkbox"/> | EN 13000—2004 |
| <input type="checkbox"/> | SAE J987—2003 | <input type="checkbox"/> | EN 14439—2006 |

6 Prototype Test Information continued

Prototype Test Witness Only where SAE testing is conducted.

| | | | | | |
|------------------|--|------------|--------------------|--|--|
| Last Name | | First Name | | Middle Initial | |
| Business Name | | | Business Telephone | | |
| Business Address | | | | Business Fax | |
| City | | State | Zip | Mobile Telephone | |
| E-Mail | | | | License Number <i>(if applicable)</i> | |

7 Standards Required for all applications.

The device is designed and constructed to, and the supplied manuals and load rating charts are in accordance with:

| | Standard | Year | | Standard | Year | | Standard | Year |
|--------------------------|----------|------|--------------------------|----------|------|--------------------------|----------|------|
| <input type="checkbox"/> | ASME | | <input type="checkbox"/> | EN | | <input type="checkbox"/> | Other | |

8 Attachments Required for all applications.

| Yes | No | | Yes | No | | Yes | No | |
|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Manuals | <input type="checkbox"/> | <input type="checkbox"/> | Inspection Checklists | <input type="checkbox"/> | <input type="checkbox"/> | Manufacturer Contact Info |
| <input type="checkbox"/> | <input type="checkbox"/> | Brochure | <input type="checkbox"/> | <input type="checkbox"/> | List of Components | <input type="checkbox"/> | <input type="checkbox"/> | ISO Certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | Load Rating Charts | <input type="checkbox"/> | <input type="checkbox"/> | Counterweight tables | <input type="checkbox"/> | <input type="checkbox"/> | Listing of amendment revisions |
| <input type="checkbox"/> | <input type="checkbox"/> | Maintenance Checklists | <input type="checkbox"/> | <input type="checkbox"/> | Tables of allowable installation and use | <input type="checkbox"/> | <input type="checkbox"/> | Other |

9 Statement and Signatures Required for all applications.

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.

Manufacturer's Statement

As an authorized representative of the manufacturer of the subject crane, derrick, or pile driver, I certify: (1) that the information submitted by the manufacturer as part of this application is correct to the best of my knowledge; (2) that safety bulletins and recall notices will be provided by the manufacturer to the Department in accordance 1 RCNY §3319-01(d)(6) and; (3) the manufacturer possesses an ISO 9001 certification, or an equivalent international certification, in accordance with 1 RCNY §3319-01(e)(4).

Signature: _____ Date: _____

Test Witness' Statement

I certify that the tests specified in Section 6 above were performed in accordance with 1 RCNY §3319-01(e)(3) and the standard identified in Section 6 above. In addition, the above information is correct to the best of my knowledge.

Signature: _____ Date: _____

Engineer's Statement

I certify: (1) that the information submitted as part of this application is correct to the best of my knowledge; (2) that the subject crane, derrick or pile driver is designed and constructed to, and the supplied manuals and load rating charts are in accordance with 1 RCNY §3319-01 and the standard identified in Section 7 above, (3) (where prototype testing is required) the crane, in all configurations for which approval is sought, successfully passed the prototype test identified in Section 6 above and; (4) (for a tower crane, other than a self-erecting tower crane) the attached Tables of Allowable Installation and Use are in accordance with 1 RCNY §3319-01(d)(1)(viii) and ASCE 7-2005.

Signature: _____ Date: _____

P.E. Seal *(apply seal, then sign and date over seal)*



Internal Use Only

| | |
|---------------------|----------------|
| Examiner Name: | Date Received: |
| Examiner Signature: | Date: |