



CD11: Equipment Owner Identification Form

*Application must be typewritten*

Manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_ CD Number: \_\_\_\_\_

**1 Equipment Description**

<input type="checkbox"/> Climber Tower & Mobile Crane	Tower	Boom	Jib	Total
Max				
Max Combined Length				
<input type="checkbox"/> Derricks	Mast	Boom	Still	Leg
<input type="checkbox"/> Mast Climber	Mast	Width		
Single Mast				
Double Mast				
<input type="checkbox"/> Pile Driver				

**2 Owner's Statement**

Last Name	First Name	M.I.
Business Name	Title	
Address		
City	State	Zip
Phone	Fax	E-mail

- This is to certify that I, the undersigned, am the owner or an officer of the company that owns equipment.
- I am aware that in order to use this machine in New York City, it must first be issued a Temporary Certificate of Approval and Operation (TCAO) which requires the equipment passing an annual inspection conducted by the Hoist and Rigging section of the Cranes and Derricks Division.
- In addition, I am aware that the equipment must demonstrate compliance with all applicable safety device requirements, pertaining department rules and regulations, and relevant sections of the New York City Building Code.
- In the absence of complete compliance, my application may be denied and the Temporary Certificate of Approval and Operation revoked.

Signature \_\_\_\_\_

Date \_\_\_\_\_