



CD4-EQ: Designation of Multiple Equipment Users

File 4 copies / Application must be typewritten

CN Number: _____

1 Location Information

Borough _____ Block _____ Lot _____
 Address _____ Job Number _____

2 Applicant Information

Name _____ E-Mail _____
 Title _____ Lic # _____ Phone _____
 Business Name _____
 Address _____
 City _____ State _____ Zip _____

3 Additional Equipment User Information

Name _____ E-Mail _____
 Title _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

4 Statement and Signature

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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

4A Applicant's Statement

This application is hereby made to the Commissioner to authorize an additional equipment user for the above numbered application, with the stipulation that this amendment is to become a part of the aforesaid original application and subject to all the conditions, agreements and statements therein contained.

Name (please print) _____

Signature _____ Date _____

Seal (apply seal, then sign and date over seal)

4B Additional Equipment User's Statement

I hereby state that the above referenced equipment will be installed and used in accordance with the approved plans and specifications and will not be operated until a valid Certificate of On-Site Inspection has been obtained. Further, I state that I will comply with the crane or derrick log requirements of 1 RCNY 3319-01(h).

Name (please print) _____

Signature _____ Date _____

Internal Use Only

Date Received	Invoice/Receipt Number	Fee Paid
Examiner's Name (please print)	Inspector's Name (please print)	
Signature	(Issuance) Date	Signature Date
Expiration date	Badge Number	