File Representative—Last Name

NYC Buildings

CD5: Suspended Scaffold Application

File 3 copies / Application must be typewritten

1 Application Type

☐ Initial ☐ Amendment ☐ Renewal ☐ This is an Industrial Roped Access Job ☐ This is a Site Safety Job

2 Location Information

Borough | Block | Lot

Address | Number of Stories

3 Filing Representative Information

Name | Registration #

Business Name

Address | City | State | Zip

Phone | Fax | E-Mail

4 Rigger/Sign Hanger Information

Name | License #

Business Name

Address | City | State | Zip

Phone | Fax | E-Mail

5 Owner or Managing Agent Information

Name | Title

Business Name

Address | City | State | Zip

Phone | Fax | E-Mail

6 Job Information

Description of Work to be Performed:

Date Submitted Stamp

Expected Start Date: | Approximate Duration of Job:

7 Statements and Signatures

I certify that the subject work and setup of equipment will be done under my supervision or under the supervision of _____ (Supervisor, Foreman, or Rigger/Sign Hanger). The work will be done in a safe and workman-like manner. 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.

Name of Licensed Rigger/Sign Hanger (please print) | Signature of Licensed Rigger/Sign Hanger | Date

Internal Use Only

Approved by Examiner:		Application Number:
Signature of Examiner:		Expiration Date: