



## **FILING REPRESENTATIVE** **EXPERIENCE VERIFICATION AFFIDAVIT**

Filing Representatives must obtain a completed verification affidavit from each professional engineer or registered architect (registered design professional) who is attesting to working with them on a job where the filing representative's information does not appear on the PW1: Plan / Work Application.

An original verification affidavit from each registered design professional must be received before the application to become a Class 2 Code and Zoning Representative can be reviewed.

Please read and follow these directions before filling out the form:

- The Filing Representative'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 **registered design professional**. It **MAY NOT** be completed by the filing representative, an Office Manager, or Personnel/Human Resources employee.
- A job filing will be credited if the filing representative worked with the registered design professional completing this form on the filing. The filing representative must have been under employment / contract by the registered design professional or both the filing representative and registered design professional completing this form must have been under contract by the owner.
- A Job is an application with an individual job number filed by the registered design professional of record. Limited alteration applications, post-approval amendments, electrical applications, and demolition applications cannot be credited toward the filing requirement.
- The form must be signed and notarized.

**FILING REPRESENTATIVE NAME:** \_\_\_\_\_



**FILING REPRESENTATIVE  
EXPERIENCE VERIFICATION AFFIDAVIT**

**REGISTERED DESIGN PROFESSIONAL'S INFORMATION:**

Your name and current job title: \_\_\_\_\_

Your business name: \_\_\_\_\_

Your current telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently a licensed NYS P.E. or R.A.?      Yes  No

If yes, list License #: \_\_\_\_\_ Date of issuance: \_\_\_\_\_

**FILING REPRESENTATIVE'S INFORMATION:**

Dates the Filing Representative was under employment / contract:

From: \_\_\_\_\_ To: \_\_\_\_\_

Your business name while the Filing Representative was under employment / contract:

\_\_\_\_\_

Filing Representative's position / title(s): \_\_\_\_\_

Were you a licensed as a NYS P.E. or R.A. while the Filing Representative was under employment / contract?      Yes  No

Total number of job filings that you worked with the Filing Representative on while they were under employment / contract: \_\_\_\_\_

**ADDITIONAL COMMENTS:**

**FILING REPRESENTATIVE NAME:** \_\_\_\_\_

