



STATIONARY ENGINEER CERTIFICATION (HIGH PRESSURE BOILER OPERATING ENGINEER) Experience Verification Form

Candidate's Name: (Please Print): _____

Company Name where Candidate was supervised: _____
(Please Print)

Instructions to Candidate

Please print your name and the name of the company for which you worked and give this form to each licensee or supervisor that you have worked for during the timeframe you are claiming as qualifying experience.

If you are applying under the criterion that utilizes the US Coast Guard Certificate, please include your sworn statement with this form.

Instructions to Supervisor/Licensee

The above Candidate has applied to become certified as a High Pressure Boiler Operating Engineer with the New York City Department of Buildings. The Candidate indicated on their application that they worked under your supervision while working for the above Company.

This form **MUST** be completed by one of Candidate's supervisor(s) that has personal knowledge of Candidate's duties, responsibilities, and functions at the company. This form may be copied and completed by each supervisor that Candidate had at the company if necessary

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

- The Supervisor and **NOT THE CANDIDATE** must complete all portions of this verification form. It must be initialed on each page, signed and notarized.
- All sections of this verification form must be completed and the form must be signed and notarized. It **MAY NOT** be signed by an Office Manager or Personnel/Human Resources employee.
- Answer **EVERY** question or indicate "N/A" (not applicable) when the question does not apply to you or Candidate.
- If you supervised Candidate at more than one company please photocopy the blank verification form and fill out additional forms for each company.
- You may include additional information in the Comment Section or you may attach additional pages if needed.
- **ONLY THE WORK SITES INCLUDED IN THIS AFFIDAVIT WILL BE CONSIDERED**

YOUR FAILURE TO FULLY AND ACCURATELY COMPLETE THIS VERIFICATION MAY RESULT IN CANDIDATE'S DISQUALIFICATION FOR THE HIGH PRESSURE BOILER OPERATING ENGINEER LICENSE.

Candidate Name _____

Supervisor's Initials _____



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SUPERVISOR'S INFORMATION:

Your name and current job title: _____

Your Company's/Firm's name: _____

Your current telephone #: _____ Fax number: _____

Your title when supervising the Candidate (if different): _____

Are you currently licensed as a NYC High Pressure Boiler Operating Engineer? Yes No

If yes, list License #: _____ Date of Issuance: _____

Please list any additional ACTIVE high pressure boiler license(s) you hold and the State of licensure (please attach copies):

License #: _____ State/Agency of Issuance: _____ Date Issuance: _____

License #: _____ State/Agency of Issuance: _____ Date Issuance: _____

CANDIDATE'S EMPLOYMENT INFORMATION:

Employed From: _____ to: _____ Full Time Part Time

Dates you directly supervised the Candidate: From: _____ to: _____

Candidate's Position/Title(s): _____

Were you a licensed High Pressure Boiler Operating Engineer while the candidate was under your direct supervision? Yes No

If yes, list License #: _____ State of Issuance: _____ Date of Issuance: _____

1A. While under your direct supervision, was Candidate employed as a(n):

- Fireman General Assistant Boiler-Maker Other: _____
Oiler Journeyman Machinist N/A

1B. Candidate served in this capacity: From: _____ To: _____

1C While under your direct supervision, was Candidate responsible for the operation and maintenance of high-pressure boilers? Yes No

2A. Was Candidate employed at a fossil fuel production plant located in the Rockaway Peninsula area of Queens County? Yes No

2B. If yes, Candidate worked at this location: From: _____ To: _____

2C. Please provide the specific address: _____
Building Number Street State Zip Code

2D. Was Candidate employed at a steam generating plant owned and operated by a licensed public utility? Yes No

Candidate Name _____ Supervisor's Initials _____



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2E. If yes, Candidate worked at this location: From: _____ To: _____

2F. Please provide the specific address: _____
Building Number Street State Zip Code

2G. Please provide the name of the licensed public utility company: _____

2H. While working at the facility listed in question 2F and under your direct supervision, was the Candidate employed as a(n):

- | | | | |
|---------|-------------------|--------------|--------------|
| Fireman | General Assistant | Boiler-Maker | Other: _____ |
| Oiler | Journeyman | Machinist | N/A |

3A. While under your direct supervision, was Candidate employed to operate and maintain high-pressure boilers? Yes No

3B. If yes, how long was his experience earned solely within
 The five boroughs of New York City? _____ Years _____ Months _____ Days

4A: Did Candidate exercise direct and continuing supervision, care, operation and maintenance over a steam generating plant of a governmental building, having boilers of 150 or more horsepower? Yes No

4B. While working at the governmental building, did this experience also include at least one year of experience on high-pressure boilers? Yes No

4D. Please provide the specific address: _____
Building Number Street State Zip Code

4C. If yes to both 4A & 4B, please provide the dates Candidate worked at this location: From: _____ To: _____

Please list ALL of the Candidate's job duties, not mentioned above, while under your direct supervision:

(Please use Comment Section below if more room is needed)

No Additional Duties

Was the Candidate ever terminated, asked to resign or subject to any disciplinary action while in your employ? Yes No If yes, please explain:
(Please use Comment Section below if more room is needed)

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Please state any and all reasons of which you are aware why the Department should deny licensure as a New York City Stationary Engineer to the Candidate.

I do not know of any reason
(Please use Comment Section below if more room is needed)

ADDITIONAL COMMENTS:

Candidate Name _____

Supervisor's Initials _____



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Please provide a complete list of all the Boilers the Candidate exercised direct and continuing supervision, care, operation and maintenance over:
(All fields must be completed any boiler not stated below will not be considered in the Candidate's application for licensure.)

Serial #	Dates Candidate exercised direct and continuing supervision, Care, operation and maintenance over	Licensed HPBOE on Site & License #
_____	From: _____ To: _____ Boiler HP: _____	_____ Lic # _____
_____	From: _____ To: _____ Boiler HP: _____	_____ Lic # _____
_____	From: _____ To: _____ Boiler HP: _____	_____ Lic # _____
_____	From: _____ To: _____ Boiler HP: _____	_____ Lic # _____

(YOU MAY PHOTOCOPY AND SUBMIT THIS PAGE FOR ADDITIONAL BOILERS)

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I have voluntarily provided the above information regarding this Candidate. I attest to the truthfulness of my statement and fully understand that this information is subject to verification by the appropriate City, State and Federal Agencies. I acknowledge that false statements made herein are punishable as a Class 'A' Misdemeanor pursuant to section 210.45 of the NYS Penal Law.

Print your name: _____

Your signature: _____

Date: _____

STATE OF _____)

COUNTY OF _____) SS.:

On the _____ day of _____ in the year 20____, the above signatory,
_____, personally known to me or proved to me on the basis of satisfactory evidence, personally appeared before me and subscribed his/her name to the above verification and, after being duly sworn upon his oath, says that the facts stated in the foregoing verification are true.

(NOTARY PUBLIC)

Candidate Name _____

Supervisor's Initials _____