

LIC2: License Application

Application must be typewritten.

License Number Section is used for: Changes, Renewals, and Reissues

1	APPLICATION TYPE							
	New Renewal	w Renewal Reissue (Lost/Stolen) Chang		nange (i.e. Address/Bus	ange (i.e. Address/Business/Deactivation)			
2	LICENSE NUMBER							
3	LICENSE TYPE Elevator Orector Engineer Stationary Hoisting Machine Operator Master Plumber Master Fire Suppression Pipi Oil Burning Equipment Instal	Portable A B) в () с		Manager afety Manager on Superintendent	 Helper Special Coordinator Decial Tower 		
4	APPLICANT INFORMATION	(required for all application	ns)					
	First Name: Home Address: City:	State:	Middle I	Н	Last Name: ome Telephone: obile Telephone:			
	Date of Birth (m/d/yy)		cial Security	•	Email:			
5A	PRIMARY BUSINESS INFORI	MATION (required for all	,		6 LICENSE USE			
	Bus. Name:	Bus. Email			_	le-Proprietor		
	Bus. Address: City:	Bus. Phone State Zip				a Corporation		
ΕD	·				On Behalf of	a Partnership		
ЭD				On Behalf of	a City Agency			
	Bus. Name: Bus. Address:	Bus. Name: Bus. Email Bus. Address: Bus. Phone		7 CITY EMPLOYEE?				
	City:	State Zip			Yes	No		
8	PARTNER OR OFFICER INFO		partners or	officers)				
	Name:			Name:				
	Address: City: Sta	Phone: ate: Zip:		Address: City:	State:	Phone: Zip:		
	Lic. No.: % Cont	1		Lic. No.:				
	Title(s):			Title(s):				
	Name:			Name:				
	Address:	Phone:		Address:	Otata :	Phone:		
	City: St Lic. No.: % Con	ate: Zip: trol:		City: Lic. No.:	State: Zip: % Control:			
	Title(s):			Title(s):				
9	LICENSING HISTORY							
	List all licenses, certifications, or registrations issued to you, by any City or State.							
	NAME TYPE LIC.			./REGISTRATION NO.	CURRENT STATUS	EXPIRATION DATE		
	 Yes No Do you currently have a valid driver's license? State where issued: Driver's License No.: Yes No Have any licenses or privileges granted to you or your associated business(es) by the Department of Buildings or any other government entity ever been rescinded, revoked, surrendered, suspended, otherwise disciplined, or have you or your related business(es) ever been disqualified from performing inspections? If Yes please indicate the type of license/certification/ registration with the reason for the suspension, restriction, surrender, revocation, or disciplinary action in Section 10. Yes No Have any license application(s) even been denied to you by the Department of Buildings or any other government entity? 							



10 COMMENTS

11 CONVICTIONS & FINES

If you answer Yes to either of these questions, you must complete and attach form LIC34.

Yes No Have you ever been convicted or pled guilty to an offense anywhere (an offense is defined as a violation, misdemeanor or felony)?

Yes No Do you owe any penalties to the City of New York?

Yes No Does any company or business you have been associated with under your Department-issued license owe any fines, penalties or fees to the City of New York that were incurred during your association with that company or business?

12 STATEMENTS & SIGNATURES

As a condition of being granted a license, I attest that I comply with all New York City Administrative Code and Department rules, regulations, and directives governing how licensees conduct their specific trade. I understand it is unlawful to make a false statement to the Department; or 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. Such actions are punishable by imprisonment, fine and/or loss of license. In the event of an accident that involves my actions undertaken in connection with my license, I understand that the Administrative Code requires that I cooperate with any investigation and that failure to do so may result in immediate suspension, revocation or other disciplinary action.

Name (print)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury	
	day of 20	
Date	Notary Signature	

INTERNAL USE ONLY		
Fee Paid:	Transaction Type:	
Expiration Date:	Clerk's Signature:	Date: