



LIC2: License Application

Application must be typewritten.

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

Buildings

1 Application Type	2 License Number								
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Reissue (Lost/Stolen) <input type="checkbox"/> Change (ie: Address/Business/Deactivations) <input type="checkbox"/> Reinstatement	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>								

3 License Type
<input type="checkbox"/> Elevator Inspector <input type="checkbox"/> Elevator Co-Director <input type="checkbox"/> Rigger <input type="radio"/> Master <input type="radio"/> Special <input type="radio"/> Tower <input type="checkbox"/> Concrete Safety Manager <input type="checkbox"/> Engineer <input type="radio"/> Stationary <input type="radio"/> Portable <input type="checkbox"/> Sign Hanger <input type="radio"/> Master <input type="radio"/> Special <input type="checkbox"/> Construction Superintendent <input type="checkbox"/> Hoisting Machine Operator <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="checkbox"/> Site Safety <input type="radio"/> Manager <input type="radio"/> Coordinator <input type="checkbox"/> Master Plumber <input type="checkbox"/> Welder <input type="checkbox"/> Oil Burning Equipment Installer <input type="radio"/> A <input type="radio"/> B <input type="checkbox"/> Master Fire Suppression Piping Contractor <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

4 Applicant Information Required for all applications.
First Name: _____ Middle Initial: _____ Last Name: _____ Home Address: _____ Home Telephone: _____ City: _____ State: _____ Zip: _____ Mobile Telephone: _____ Date of Birth (m/d/yy) _____ *Social Security No.: _____ E-Mail: _____

5a Primary Business Information	6 License Use
Business Name _____ Bus. E-mail: _____ Office Address: _____ Bus. Phone: _____ City: _____ State: _____ Zip: _____	Choose One: <input type="checkbox"/> Individual/Sole-Proprietor <input type="checkbox"/> On Behalf of a Corporation <input type="checkbox"/> On Behalf of a Partnership <input type="checkbox"/> On Behalf of a City Agency

5b Secondary Business Information (if applicable)	7 City Employee?
Business Name _____ Bus. E-mail: _____ Office Address: _____ Bus. Phone: _____ City: _____ State: _____ Zip: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

8 Partner or Officer Information (must list all partners or officers)																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Name: _____</td> <td style="width:50%; padding: 2px;">Name: _____</td> </tr> <tr> <td style="padding: 2px;">Address: _____ Phone: _____</td> <td style="padding: 2px;">Address: _____ Phone: _____</td> </tr> <tr> <td style="padding: 2px;">City: _____ State: _____ Zip: _____</td> <td style="padding: 2px;">City: _____ State: _____ Zip: _____</td> </tr> <tr> <td style="padding: 2px;">Lic No: _____ % Control: _____</td> <td style="padding: 2px;">Lic No: _____ % Control: _____</td> </tr> <tr> <td style="padding: 2px;">Title(s): _____</td> <td style="padding: 2px;">Title(s): _____</td> </tr> <tr> <td style="padding: 2px;">Name: _____</td> <td style="padding: 2px;">Name: _____</td> </tr> <tr> <td style="padding: 2px;">Address: _____ Phone: _____</td> <td style="padding: 2px;">Address: _____ Phone: _____</td> </tr> <tr> <td style="padding: 2px;">City: _____ State: _____ Zip: _____</td> <td style="padding: 2px;">City: _____ State: _____ Zip: _____</td> </tr> <tr> <td style="padding: 2px;">Lic No: _____ % Control: _____</td> <td style="padding: 2px;">Lic No: _____ % Control: _____</td> </tr> <tr> <td style="padding: 2px;">Title(s): _____</td> <td style="padding: 2px;">Title(s): _____</td> </tr> </table>	Name: _____	Name: _____	Address: _____ Phone: _____	Address: _____ Phone: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	Lic No: _____ % Control: _____	Lic No: _____ % Control: _____	Title(s): _____	Title(s): _____	Name: _____	Name: _____	Address: _____ Phone: _____	Address: _____ Phone: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	Lic No: _____ % Control: _____	Lic No: _____ % Control: _____	Title(s): _____	Title(s): _____
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Title(s): _____	Title(s): _____																			

9 Licensing History																									
List all licenses, certifications, or registrations issued to you, by any City or State.																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">NAME</th> <th style="width:25%;">TYPE</th> <th style="width:25%;">LIC./CERT. /REG. NUMBER</th> <th style="width:15%;">CURRENT STATUS</th> <th style="width:10%;">EXPIRATION DATE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	NAME	TYPE	LIC./CERT. /REG. NUMBER	CURRENT STATUS	EXPIRATION DATE																				
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Yes No Do you currently have a valid driver's license? State where issued _____ License# _____

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 or suspended or have you or your related business(es) ever been disqualified from performing inspections ?

If **Yes**, please indicate in **Section 10** the type of license / certification / registration along with the reason for suspension, restriction, surrender, revocation, or disciplinary action.

