



LIC70: Designation of Rigging and Sign Hanging Foremen

This list must be updated within one week of the termination or removal of any foremen.

This form must be typewritten

Date		License Number	
<input type="checkbox"/> Master/Special Rigger		<input type="checkbox"/> Master/Special Sign Hanger	
Last Name		First Name	Middle Initial
Company Name			
Telephone		Business Telephone	
Business Address			
City		State	Zip
E-Mail		Mobile Telephone	

<input type="checkbox"/> Rigging Foreman		<input type="checkbox"/> Sign Hanging Foreman		Foreman's Passport photo		
New Foreman	<input type="checkbox"/>	Existing Foreman	<input type="checkbox"/>		Terminated or Removed Foreman	<input type="checkbox"/>
Last Name			First Name			
Business Name						
Home Address						
City			State			
Telephone (Home or Cell)						
*It is not necessary to provide a picture for Terminated or Removed Foremen						

<input type="checkbox"/> New Foreman		<input type="checkbox"/>	<input type="checkbox"/> Existing Foreman		<input type="checkbox"/>	<input type="checkbox"/> Terminated or Removed Foreman		Foreman's Passport photo
Last Name			First Name					
Business Name								
Home Address								
City			State					
Telephone (Home or Cell)								
*It is not necessary to provide a picture for Terminated or Removed Foremen								

<input type="checkbox"/> New Foreman		<input type="checkbox"/>	<input type="checkbox"/> Existing Foreman		<input type="checkbox"/>	<input type="checkbox"/> Terminated or Removed Foreman		Foreman's Passport photo
Last Name			First Name					
Business Name								
Home Address								
City			State					
Telephone (Home or Cell)								
*It is not necessary to provide a picture for Terminated or Removed Foremen								

Internal Use Only			
Fee Paid	Certificates Issued		
Expiration Date	Clerk's Signature		Date

LIC# _____

Date _____

Initials _____

04/15



Buildings

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This form must be typewritten
Copy this sheet if more pages are needed.

Date						Foreman's Passport photo		
New Foreman	<input type="checkbox"/>	Existing Foreman	<input type="checkbox"/>	Terminated or Removed Foreman	<input type="checkbox"/>			
Last Name				First Name				
Business Name								
Home Address								
City			State				Zip	
Telephone (Home or Cell)								
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New Foreman	<input type="checkbox"/>	Existing Foreman	<input type="checkbox"/>	Terminated or Removed Foreman	<input type="checkbox"/>	Foreman's Passport photo		
Last Name				First Name				
Business Name								
Home Address								
City			State				Zip	
Telephone (Home or Cell)								
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New Foreman	<input type="checkbox"/>	Existing Foreman	<input type="checkbox"/>	Terminated or Removed Foreman	<input type="checkbox"/>	Foreman's Passport photo		
Last Name				First Name				
Business Name								
Home Address								
City			State				Zip	
Telephone (Home or Cell)								
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New Foreman	<input type="checkbox"/>	Existing Foreman	<input type="checkbox"/>	Terminated or Removed Foreman	<input type="checkbox"/>	Foreman's Passport photo		
Last Name				First Name				
Business Name								
Home Address								
City			State				Zip	
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Date					
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Last Name				First Name	
Business Name					
Home Address					
City			State		Zip
Telephone (Home or Cell)					
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Foreman's Passport photo

Affirmation of Rigging/Sign Foreman Qualifications

An individual designated as Rigging/Sign Hanging Foreman shall have the qualifications listed in 1 RCNY § 104-21 and 1 RCNY § 104-21, including, but not limited to:

- be employed, on the payroll, and covered by the worker's compensation insurance of the licensee or business association;
- Be at least 18 years of age;
- Be able to read and write in English;
- Be familiar with the relevant sections of **Chapter 33** of the Building Code, **OSHA** safety standards as contained in **29 C.F.R. part 1926**, and industry safety practices;
- Be trained to react properly to mechanical malfunctions or adverse weather, and be able to evaluate the fitness of the rigging/sign hanging crew and;
- Have the ability to explain the risks related to such business and precautions to be taken in connection there-with

Please Select (1) Box:

I hereby state that all **rigging** foremen listed on this form and designated by the licensee performing rigging operations have all of the qualifications specified in 1 RCNY § 104-20.

I hereby state that all **sign hanging** foremen listed on this form and designated by the licensee performing sign hanging operations have all of the qualifications specified in 1 RCNY § 104-21.

Licensee Statements and Signatures *Required for all applications.*

I hereby state that all information submitted is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor under §§ 28-211.1, 28-201.2.1.2, and 28-203.1.1 of the Administrative Code and is punishable by a fine, imprisonment, or both. I understand that it is a crime to offer or 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. A conviction of offering of a bribe or gratuity is punishable by imprisonment, fine or both.

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

LIC# _____

Date _____

Initials _____

04/15