



# LIC8: Filing Representative Application

Application must be typewritten

## Buildings

<b>1 Application Type</b>	<b>2 License Number</b>
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- Original   
 Renewal   
 Change   
 Reissue

<b>3 Registration Class Type</b>
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- Class 1 Filing Representative   
 Class 2 Code and Zoning Representative

<b>4 Applicant Information</b>
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First Name	Middle Initial	Last Name
Address	Home Telephone	
City	State	Zip
Social Security No.	Date of Birth (m/d/y)	
Mobile	Email Address	
	PENS PIN # (For Class 2 applicants ONLY)	

<b>5 Business Information</b> <i>Required for all applications.</i>
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Are you Self-Employed?     Yes     No

Business Name	Business Telephone
Business Address	Business E-mail
City	State    Zip
	Fed Tax ID #

<b>6 Education Information</b> <i>Class 2 applications only. (not required for all renewal applications).</i>
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Institution/College Name

Address

City    State    Zip

Country (If not U.S.)    Degree     BA     BS    Major

<b>7 Qualifying Education and Experience</b> <i>Class 2 applications only (not required for renewal applications).</i>
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- A four (4) year degree in Architecture or Engineering from an accredited college (submit copy of the degree)
- A four (4) year degree in another field from an accredited college and two (2) years of filing experience with the Department on at least fifty (50) jobs within four (4) years of application for registration - **Must already be a department registered Class 1 Filing Representative**

<b>8 Training</b>
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Course Name	Issuing Agency	Date Issued
Course Name	Issuing Agency	Date Issued

<b>9 Licensing History</b> <i>Required for all applications.</i>
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List all licenses, certifications or registrations issued to you, by City or State. Include Driver License.

Type	LIC/CERT/REG Number	Status (active/not active)	Expiration Date

- Yes     No    Have any licenses/certifications/registrations issued to you ever been suspended, restricted, or revoked; or have you ever been censured or disciplined in connection therewith?

If YES to the above, please indicate in Section 11 the type of license/certification/registration along with the reason for the suspension, restriction or revocation.



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**10 Employment History** *Required for Original applications.*

- Yes     No    Were you ever employed by the Department of Buildings or any other New York City agency?
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- Yes     No    Are you related to any Department of Buildings employees (Including through marriage)?
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- Yes     No    If employed by the City, have you sought and received approval for your non-city employment from NYC Conflicts of Interest Board? If **YES**, please provide a copy of the ruling.
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- If Yes to any of the above, please provide the details in Section 11.

**11 Comments** *Add additional sheets as necessary.*

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**12 Convictions and Fines** *Required for all applications.*

- Yes     No    Have you ever been convicted or pled guilty to an offense anywhere (an offense is defined as a violation, misdemeanor or felony)? *For renewal applicants, were you convicted since your last renewal?*
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- If **YES** to the above, please provide the details in the conviction section 1 of the **LIC34** application.

**13 Statements and Signatures**

I have read and I understand all the items contained in this document. Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful 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. Violation is punishable by imprisonment or fine or both.

As a condition of being registered, pursuant to section **Title 28, chapter 4, Article 416 of the New York City Administrative Code**, and of being granted a non-employee identification card from the Department of Buildings,

I, \_\_\_\_\_, hereby agree to comply with all provisions of the Administrative Code, the Rules of the City of New York, and the Department's rules, regulations, policies, procedure notices and directives regarding how non-employee card holders conduct their specific trade.

Name (print)	Notarization	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury	
Date	day of _____ 20____	
	Notary Signature	

Internal Use Only		
Fee Paid	ID Pick Up /Mailed Date	
Expiration Date	Clerk's Signature	Date