



Rick D. Chandler Commissioner

New York City
Department of Buildings
Background Investigation
Questionnaire For License
Applicants

THIS IS NOT AN APPLICATION

Name: _____

SS #: _____ - _____ - _____

License Type (include class if applicable): _____

Date Filed: _____

APPLICANT INITIALS: _____

GENERAL INSTRUCTIONS

Site Safety Manager
Private Agency Elevator Director/Inspector
Contract Elevator Inspector (CEI)
Site Safety Coordinator
Concrete Safety Manager
Hoist Machine Operator
Master/Special Electrician
Master Plumber

General Contractor
Welder
Master Fire Suppression Piping Contractor
High Pressure Boiler Operating Engineer
Master Sign Hanger
Special Sign Hanger
Master Rigger
Special Rigger

CAREFULLY READ ALL INSTRUCTIONS AND ANSWER ALL QUESTIONS. YOUR FAILURE TO FOLLOW THESE INSTRUCTIONS OR PROPERLY ANSWER ANY QUESTION MAY RESULT IN YOUR QUESTIONNAIRE BEING RETURNED FOR ADDITIONAL INFORMATION AND/OR THE DENIAL OF YOUR LICENSE.

Do not omit any pertinent information. If you are unsure or do not know if you should disclose certain information, act cautiously and include the information in the questionnaire. Falsification of any portion of this questionnaire by omitting pertinent information, responding in a misleading manner or supplying inaccurate or incomplete information, may result in your disqualification. You must fill out and submit all nineteen (19) pages of the questionnaire.

- Questionnaire must be **TYPED**.
- If additional space is necessary, staple separate 8 1/2 x 11 sheets of paper to the back of the questionnaire packet. (Include your name and social security number on each additional sheet).
- If you cross out or change any responses, place your initials next to the corrections.
- You must initial the bottom of each page of this questionnaire where designated.
- Answer every question or indicate “N/A” (not applicable) if a question does not apply to you. Use the “comments” section to elaborate on any question and please note the question you are referring to.
- If an exam is required to apply, you must submit a copy of your passing exam report .
- If a training course is required to apply, you must submit a copy of your certificate of completion with your questionnaire packet.
- You must also complete the Supplemental Investigation Questionnaire for your specific license application type and submit it with this questionnaire.
- **You must obtain a Social Security History of Earnings Statement for the timeframe you intend to use as qualifying experience. In addition, your Supervisor(s) must fill out the NYC Buildings Employment Verification Forms that are posted on the Department website, to support the timeframe you are using as qualifying experience.**
 - Major buildings experience applies only for Site Safety Manager and Site Safety Coordinator.
 - For HMO candidates, all Supervisor(s) must include information on the types of machinery the candidates operated.
 - For all Plumber/Fire Suppression candidates, “only denoting planning or design, and installation” is not sufficient enough for job tasks).
 - General Contractor and Welder candidates, need only list current employers/businesses in Section VII: “Employment”

**In accordance with Federal and State Laws, the New York City Department of Buildings requires that all applicants for licenses/license holders provide their Social Security Number (SSN). DOB will use the SSN to conduct background investigations and maintain accurate license and related records. This information may be shared with other government agencies, consistent with applicable laws and Departmental policy or with the SSN holder's written permission, but will otherwise be kept confidential. The specific statutory authority for requiring SSN's is in the following: Federal Law-Privacy Act of 1974 (Section 7 of P.L., 93-579); Welfare Reform Act of 1996 (42 USCA 666(a)), and Section 5 of the NYS Tax Law.*

APPLICANT INITIALS: _____

Submission Instructions

License Type applicant is applying for: (Please Check One)

- | | | |
|---|--|---|
| <input type="checkbox"/> CEI | <input type="checkbox"/> MASTER RIGGER | <input type="checkbox"/> HMO C1 –CLASS ONE (1) |
| <input type="checkbox"/> CONCRETE SAFETY MANAGER | <input type="checkbox"/> SPECIAL RIGGER | <input type="checkbox"/> HMO C2 –CLASS TWO (2) |
| <input type="checkbox"/> SITE SAFETY MANAGER | <input type="checkbox"/> OIL BURNER EQUIPMENT INSTALLER | <input type="checkbox"/> HMO C3 –CLASS THREE (3) |
| <input type="checkbox"/> SITE SAFETY COORDINATOR | <input type="checkbox"/> MASTER SIGN HANGER | <input type="checkbox"/> HMO – CLASS (A) |
| <input type="checkbox"/> ELEVATOR DIRECTOR | <input type="checkbox"/> SPECIAL SIGN HANGER | <input type="checkbox"/> HMO – CLASS (B) |
| <input type="checkbox"/> ELEVATOR INSPECTOR | <input type="checkbox"/> MASTER FIRE SUPPRESSION PIPING CONTRACTOR | <input type="checkbox"/> MASTER PLUMBER |
| <input type="checkbox"/> MASTER/SPECIAL ELECTRICIAN | <input type="checkbox"/> HIGH PRESSURE BOILER OPERATING ENGINEER | <input type="checkbox"/> TOWER/CLIMBER CRANE RIGGER |
| <input type="checkbox"/> WELDER | <input type="checkbox"/> GENERAL CONTRACTOR | |

All applicants applying for one of the License Types listed above, should submit this questionnaire to the Licensing & Exams Unit along with their application and all required supporting documents. All applicants (except for Welders and General Contractors) must call the Licensing & Exams Unit at 212 393 2259 to schedule an appointment. For more information regarding the requirements for your license type, or to view the “How to Apply” guides for a particular license type, please reference our website at: www.nyc.gov/buildings and click on “Development -> Licensing” on the left hand side of the webpage.

Contact Information

If you have any questions you may contact:
The New York City Department of Buildings
Licensing & Exams Unit
280 Broadway, 6th Floor
New York, NY 10007
212 393 2259

Failure to submit this completed questionnaire and supporting documentation may result in your background investigation being delayed or denied

APPLICANT INITIALS: _____

I. Personal Information

Last Name

First Name

Middle Name

_____-_____-_____
Social Security Number

_____-_____-_____
MM DD YYYY

Date of Birth

Current Address

Apt #

City or Town

State

Zip Code

[] _____

Home Phone Number

[] _____

Work Phone Number

[] _____

Cell Phone Number

Email Address

LIST BELOW ALL OTHER NAME(S) YOU ARE KNOWN BY:

(This includes maiden names. If additional space is needed please use comment section on page 17.)

Last Name

First Name

Middle Name

LIST ANY OTHER SOCIAL SECURITY NUMBER(S) YOU HAVE USED:

_____-_____-_____-

Social Security Number

APPLICANT INITIALS: _____

IV. CRIMINAL HISTORY

List any and **ALL** of your criminal convictions below. You **MUST** list every conviction . If you do **not** recall all of your convictions, then you **MUST** indicate this below. (Do **NOT** include traffic moving violations in this section). You will not be automatically disqualified because of a criminal conviction.

1) Have you ever been convicted* of an offense anywhere (an offense is defined as a Violation, Misdemeanor or Felony). If you are not sure of the type of offense, answer “yes” anyway. You do not have to disclose any material sealed, expunged or set aside under Federal or State Law or Juvenile Delinquent or Youthful Offender Adjudication.

YES NO

* Convicted means that you appeared before a court and/or a judge (either administrative or criminal) and either pled guilty, were determined guilty by a jury or judge, or paid a fine. You do not have to get arrested to be guilty of an offense. If you received a summons or ticket for anything other than a parking ticket on your car or a moving violation such as speeding, you **MUST** include it in this section. You **MUST** list any convictions for Driving Under the Influence (DUI), Driving While Intoxicated (DWI) or driving without a license. Please list all convictions below. If additional space is needed please use page eighteen (18).

Convictions

List <u>ALL</u> Convictions Below:			
CONVICTION DATE	OFFENSE (INCLUDE DETAILS)	NAME and LOCATION OF COURT	SENTENCE and DATE of SENTENCE

APPLICANT INITIALS: _____

V. LICENSE INFORMATION

List **ALL** licenses, certifications, or registrations issued to you.

Include all Driver Licenses and other trade licenses issued to you.

ISSUING ENTITY	LICENSE TYPE	LIC./ CERT./ REG. NUMBER	STATUS (active / not active)	ORIGINAL ISSUANCE DATE	EXPIRATION DATE

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? YES NO

If **YES**, please indicate below in the **Comments Section** the type of license / certification / registration along with the reason for suspension, restriction, or revocation.

For **Master Plumber & Master Fire Suppression Piping Contractor** applicants only: Have you claimed any of the experience listed in this questionnaire as qualifying experience for a previous MP or MFSPC license application? YES NO

If **YES**, please indicate below in the **Comments Section** the type of license, the name of the employer and the time period you previously claimed.

Comments Section

APPLICANT INITIALS: _____

VI. EDUCATION

POST HIGH SCHOOL EDUCATION

FILL IN ALL boxes that apply to you. List education levels pertaining to the applicant's certification or license. If you do not have any of the aforementioned, print "N/A" in each education section not used.

DO NOT INCLUDE HIGH SCHOOL

A) DATES ATTENDED

FROM: _____ – _____ TO: _____ – _____ MAJOR: _____
(Month) (Year) (Month) (Year)

DID YOU GRADUATE: YES NO DEGREE: AA/AS BA/BS MA/MS PhD

INSTITUTION _____

STREET ADDRESS _____

CITY or TOWN _____

STATE _____ ZIP CODE _____ TELEPHONE (____) - _____ - _____

COUNTRY (If not United States) _____

FOREIGN POSTAL CODE _____

B) DATES ATTENDED

FROM: _____ – _____ TO: _____ – _____ MAJOR: _____
(Month) (Year) (Month) (Year)

DID YOU GRADUATE: YES NO DEGREE: AA/AS BA/BS MA/MS PhD

INSTITUTION _____

STREET ADDRESS _____

CITY or TOWN _____

STATE _____ ZIP CODE _____ TELEPHONE (____) - _____ - _____

COUNTRY (If not United States) _____

FOREIGN POSTAL CODE _____

APPLICANT INITIALS: _____

VII. EMPLOYMENT

Start with your current job and list the employment history for each job you intend to use as **Qualifying Experience**. If you had more than eight (8) jobs, add additional data sheets. You must fill in the Supervisor(s) Telephone Number section with a valid contact number in order to have your experience verified. **Please fill in every line or indicate as N/A.**
GENERAL CONTRACTORS AND WELDER applicants need ONLY to list CURRENT EMPLOYMENT.

A) Dates Employed FROM: - - TO: - -
 (MM) (DD) (YYYY) (MM) (DD) (YYYY)

Company Name _____

Company still in business YES NO

Ownership Interest (%) _____

Street Address _____

City or Town _____

Country _____ State _____ Zip Code _____

Supervisor(s) Name(s) _____

Supervisor(s) Title(s) _____

Supervisor(s) license type and license number (if applicable) _____

Supervisor(s) Telephone Number _____ Email _____

Reason for leaving _____

Applicant's Title	Time period	Wages per hour	Hours per week	Describe type of work performed: (Please describe ALL types of work and provide examples)

APPLICANT INITIALS: _____

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CERTIFICATION BY THE “APPLICANT” OF THIS QUESTIONNAIRE

WE ADVISE YOU: A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS QUESTIONNAIRE IS SUFFICIENT CAUSE FOR THE CITY OF NEW YORK TO DENY THE LICENSE BEING SOUGHT, OR TO RESCIND OR REVOKE ANY LICENSE HELD. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES, INCLUDING NEW YORK STATE PENAL LAW SECTIONS 175.35 (OFFERING A FALSE STATEMENT FOR FILING) AND 210.40 (SWORN FALSE STATEMENT) AND/OR TITLE 18 U.S.C. SECTION 1001 (FALSE OR FRAUDULENT STATEMENT).

I, _____, being duly sworn,

(Print Full Name)

state that I have read, understood and to the best of my knowledge responded truthfully, accurately and completely to each of the questions contained in the attached Questionnaire.

I have read and completed this Questionnaire for the sole purpose of aiding the Department of Buildings with my license review process.

I acknowledge that the City of New York (“the City”) may, by means it deems appropriate, determine the accuracy and the truth of the statements made in the Questionnaire.

I authorize the City through its employee(s), agent(s) and/or representative(s) to investigate my background for this license application and any subsequent applications pertaining to my Department issued license and authorize all persons, companies, schools, governmental agencies or authorities to release any and all information pertaining to me or submission made by me, documentary or otherwise, as requested by an appropriate employee, agent, or representative of the City. I understand that information sought will include a criminal background check, an employment background check and a Department of Motor Vehicles background check issued by a Consumer Reporting Agency. Furthermore, I understand that if I am found qualified for this license that the background check will continue for the duration of the license term.

I agree to fully cooperate with the city in its investigation of my background.

(Signature of Applicant)

(Date)

Sworn before me this _____ day of _____, 20____

Notary Public or Commissioner of Deeds

APPLICANT INITIALS: _____