



MC1: Mast Climber Prototype Application

File 4 copies / Application must be typewritten

Prototype Number: _____

1 Application Type

New Amendment

2 Mast Climber Information

Make	Model	Year

3 Manufacturer Information

Business Name		
Address	Phone	Fax
City	State	Zip
E-Mail		

4 Points of Contact (List additional points of contact as an attachment)

This contact is for <input type="checkbox"/> technical <input type="checkbox"/> service questions.			This contact is for <input type="checkbox"/> technical <input type="checkbox"/> service questions.		
Name	Title		Name	Title	
Business Name	Address		Business Name	Address	
City	State	Zip	City	State	Zip
Phone	Fax		Phone	Fax	
E-Mail			E-Mail		

5 Attachments (Make sure to include all information in the attachments indicated below)

Owner's Manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Operator's Manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Capacity Chart(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Annual Inspection Checklist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Advertising Brochure(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Free Standing Height Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Tie-In Spacing Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Wind Speed Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Listing of Safety Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Additional Points of Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

6 Manufacturer's Statement and Signature

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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

I certify that I am a corporate officer of the manufacturer of the abovementioned mast climber and have been authorized by such manufacturer to submit this application. I certify that the information contained in the application and attached documents is complete and correct in accordance with BC 3314.19 and 1 RCNY §3314-01 subdivision (d)(1). On behalf of the manufacturer, I further certify that the mast climber was designed in accordance with and meets the requirements of ANSI/SIA A92.9-1993 or later year _____. On behalf of the manufacturer, I further certify that the manufacturer will provide to the department the manufacturer's safety bulletins and recall notices related to the above mentioned mast climber within five (5) business days of issuance.

Name (please print)

Signature

Date

Internal Use Only	
Date Received	Invoice/Receipt Number
Examiner's Name (please print)	
Signature	(Issuance) Date