Private Elevator Inspection Agency Inspector/Director Experience Verification Form

Applicant Name: _____
(print)

Company where applicant was supervised: _____
(print)

This form will be used by the NYC Department of Buildings to verify that the above mentioned applicant has the necessary experience required to obtain a Private Elevator Inspector Agency or Director License.

Instructions to Applicant

Please print your name and the name of the company for which you worked and give a copy of this form to **EACH** licensee or supervisor that you have worked for during the timeframe you are claiming as qualifying experience.

Instructions to Supervisor/Licensee

Please read and follow these directions before filling out this form:

- This form **MUST** be completed by one of the applicant's supervisor(s) that has personal knowledge of the applicant's duties, responsibilities, and functions at the company. This form may be copied and completed by each supervisor that the applicant had at the company if necessary.
- Answer **EVERY** question or indicate "**N/A**" (not applicable) when the question does not apply to you or the applicant.
- If you supervised the applicant at more than company please photocopy the blank verification form and fill out additional forms for each company.
- You may include additional information in the "Additional comments" section or you may attach additional pages if needed.
- Once completed please give the **ORIGINAL** notarized verification form(s) to the applicant.

YOUR FAILURE TO FULLY AND ACCURATELY COMPLETE THIS VERIFICATION FORM
MAY RESULT IN THE APPLICANTS DISQUALIFICATION
FOR THIS LICENSE, AND/OR YOU BEING REQUIRED TO RESPOND DIRECTLY TO QUESTIONS
FROM THE BUILDINGS SPECIAL INVESTIGATIONS UNIT

Supervisor's Initials _____ Applicant Name _____

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Your name (supervisor): _____

Company: _____ Title: _____

Telephone number: _____ Fax number: _____

Your email address: _____

Do you hold any ***professional*** licenses, certifications, or registrations?.....☐Yes ☐No

License Type & No.: _____ Issuing Agency: _____

License Type & No.: _____ Issuing Agency: _____

License Type & No.: _____ Issuing Agency: _____

Date(s) the applicant worked at this company (mm/dd/yy): (use the comments sections if needed)

a. From: _____ To: _____

b. From: _____ To: _____

Did you supervise the applicant?.....☐Yes ☐No
If no, how did you acquire the information to complete this verification?

_____

_____

_____

_____

Please list the applicant's job title(s), dates held (month/year) and daily duties, if needed, use additional sheets of paper:

Job Title: _____ From _____ To _____
Daily Duties:

_____

_____

Job Title: _____ From _____ To _____
Daily Duties:

_____

_____

Is the applicant still employed with your company?.....☐Yes ☐No
If no: What was their reason for leaving? _____

Supervisor's Initials _____ Applicant Name _____

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Qualification Information

While at this company, did the applicant perform assembly, installation, repair, design, or inspection of elevators or perform work as an elevator mechanic?.....☐Yes ☐No

Start date (month/year): _____ **End date:** _____

While at this company, did the applicant hold a supervisory title and supervise employees who were performing the assembly, installation, maintenance, repair, design, or inspection of elevators?
☐Yes ☐ No

Start date (month/year): _____ **End date:** _____

Additional comments (if necessary):

_____
_____
_____
_____

I have voluntarily provided the above information regarding this applicant. I attest to the truthfulness of my statement and fully understand that this information is subject to verification by the appropriate City, State and Federal Agencies. I acknowledge that false statements made herein are punishable as a Class 'A' misdemeanor pursuant to section 210.45 of the NYS Penal code.

Your name (supervisor): _____

Your signature: _____ Date: _____

State of:_____)

County of:_____)SS.:

Sworn Before me _____ this day of_____

_____ **(Affix Seal Here)**

(Notary Public)

Supervisor's Initials _____ Applicant Name _____