



Rigger: Master/Special Experience Verification Form

Applicant Name: _____
(Print)

Company Name where applicant was supervised: _____
(Print)

Instructions to Applicant

Please print your name and the name of the company for which you worked and give 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

The above Applicant has applied to become licensed as a Master or Special Rigger with the New York City Department of Buildings. The Applicant indicated in his/her application that he/she worked under your supervision while working for the above Company.

This form **MUST** be completed by one of Applicant’s supervisor(s) that has personal knowledge of 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.

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

- The Supervisor and **NOT THE APPLICANT** must complete all portions of this verification form. It must be initialed on each page, signed and notarized.
- All sections of this verification form must be completed and the form must be signed and notarized. It **MAY NOT** be signed by an Office Manager or Personnel/Human Resources employee.
- Answer **EVERY** question or indicate “N/A” (not applicable) when the question does not apply to you or Applicant.
- If you supervised Applicant at more than two companies please photocopy the blank verification form and fill out additional forms for each company.
- Documentation pertaining to the applicant’s time as a Rigger Foreman should also be included (if applicable).
- You may include additional information in the Comment Section or you may attach additional pages if needed.
- Once completed, please give the **ORIGINAL** notarized verification form(s) to the Applicant.
- **ONLY THE EXPERIENCE INCLUDED IN THIS AFFIDAVIT WILL BE CONSIDERED**

YOUR FAILURE TO FULLY AND ACCURATELY COMPLETE THIS VERIFICATION MAY RESULT IN APPLICANT’S DISQUALIFICATION FOR LICENSURE AS A RIGGER.

Applicant Name _____ Supervisor’s Initials _____



Rigger: Master/Special Experience Verification Form

SUPERVISOR'S INFORMATION:

Your name and current job title: _____

Your Company's/Firm's Name: _____

Your current telephone number: _____ Fax number: _____

Your title when supervising the Applicant (if different): _____

Are you currently licensed in NYC as a Rigger? Yes No

If yes, list License #: _____ Date of Issuance: _____ License Type: _____
Master Special Climber/Tower

Please list any additional **ACTIVE** rigging license(s) you hold and the State of licensure (*please attach copies*):

License #: _____ State/Agency of Issuance: _____ Date of Issuance: _____

License #: _____ State/Agency of Issuance: _____ Date of Issuance: _____

APPLICANT'S EMPLOYMENT INFORMATION:

Employed From: _____ To: _____ Full Time Part Time

Dates you directly supervised the Applicant: _____ From: _____ To: _____

Applicant's Position/Title(s): _____

Were you licensed as a Rigger while the Applicant was under your supervision? Yes No

Was the Applicant designated as a Rigging Foreman while under your supervision? Yes No

If Yes, provide the total length of time you designated Applicant as your Rigging Foreman where Applicant had the full authority to examine rigging hardware, to mandate changes and to stop the job, to approve rigging setups, and was responsible

for all aspects of rigging safety on the job: _____ years _____ months _____ days

Was Applicant issued a Certificate of Fitness (COF) by you according to RCNY 9-03¹? Yes No

If Yes: length of time COF was held by Applicant _____ years _____ months _____ days

While under your direct supervision, was Applicant responsible for: (check all that apply)

a. Assisting you in the planning or supervision of "critical picks" defined by BC 3302²: Yes No

b. Assisting you in the planning or supervision of "picks" other than critical picks: Yes No

c. Supervising a rigging crew: Yes No

¹ Where work is performed either by or under the supervision of a licensed rigger or sign hanger, an individual properly issued a Certificate of Fitness may work on or operate a suspension scaffold

² One or more of the following: An article that is at or above 95% of approved rated capacity of the hoisting equipment or rigging equipment; An article that is asymmetrical and is not provided with standard rigging ears; An article that has a wind sail area exceeding 500 square feet; A pick that may present an added risk because of clearance, drift, or other interference; An article that that is fragile or of thin shell construction and is not provided with standard rigging ears; A pick that requires multiple power operated hoisting equipment (tandem pick); or a pick that requires out of the ordinary rigging equipment, methods, or setup.

Applicant Name _____ Supervisor's Initials _____



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- d. Signing off on daily rigging safety logs: Yes No
- e. Signing off on inspections of rigging equipment or hardware: Yes No
- f. Implementing a rigging plan: Yes No
- g. Conducting and presiding over pre-cast safety meetings: Yes No
- h. Conducting and presiding over "toolbox" safety talks: Yes No
- i. Conducting rigging operations with cranes, derricks, or other hoisting machines: Yes No
- j. Conducting rigging operations with unguided hoisting devices: Yes No
- k. Executing hand signals during rigging operations: Yes No
- l. Rigging hoisting machines for the use on existing buildings: Yes No
- m. Inspecting, maintaining, repairing, or installing:
 - 1) Hoisting machines, including cranes and derricks: Yes No
 - 2) Climber/tower crane assemblies, jacking, and disassembles: Yes No
 - 3) suspended scaffolds: Yes No

Please list **ALL** of the Applicant's job duties, not mentioned above, while under your direct supervision:
(Please use Comment Section below if more room is needed)

Please state any and all reasons of which you are aware why the Department should deny licensure as a New York City Rigger to the Applicant. I do not know of any reason

Applicant Name _____ Supervisor's Initials _____ Page 3 of 4



Rigger: Master/Special Experience Verification Form

ADDITIONAL COMMENTS:

Multiple horizontal lines for writing additional comments.

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 Law.

Print your name: _____

Your signature: _____ Date: _____

STATE OF _____)
COUNTY OF _____) SS.:

On the _____ day of _____ in the year 20____, the above signatory, _____, personally known to me or proved to me on the basis of satisfactory evidence, personally appeared before me and subscribed his/her name to the above verification and, after being duly sworn upon his oath, says that the facts stated in the foregoing verification are true.

_____)
(NOTARY PUBLIC)

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