



SITE SAFETY MANAGER/COORDINATOR EXPERIENCE VERIFICATION FORM

Applicant Name: _____
(PLEASE PRINT)

Company Name where applicant was supervised: _____
(PLEASE 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.

If you are submitting **EXPERIENCE EARNED OUTSIDE OF NEW YORK CITY**, you are required to provide **OFFICIAL GOVERNMENTAL DOCUMENTATION** (i.e. a final Certificate of Occupancy, permits, approved plans) from the jurisdiction where the project was located. These documents should include the full address, square feet, height, and scope of work performed.

NOTE: ONLY THE WORK SITES INCLUDED IN THIS AFFIDAVIT WILL BE CONSIDERED

Instructions to Supervisor/Licensee

The above Applicant has applied to become certified as a Site Safety Manager (SSM) or Coordinator (SSC) with the New York City Department of Buildings. The Applicant indicated in his application that he 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. If necessary, this form may copied and completed by each supervisor the Applicant had at the company. The Supervisor **MUST** complete all portions of this verification form, **NOT THE APPLICANT**. Supervisors must put their initials on the bottom of each page.

Please read and follow these directions before completing the form:

- All sections of this verification form must be completed and the form must be signed and notarized. The form **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 the Applicant at more than one company please photocopy the blank verification form and fill out additional forms for each company.
- 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.

YOUR FAILURE TO FULLY AND ACCURATELY COMPLETE THIS VERIFICATION MAY RESULT IN THE APPLICANT'S DISQUALIFICATION FOR A SITE SAFETY CERTIFICATION.

Supervisor's Initials _____ Applicant Name _____



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SUPERVISOR'S INFORMATION

Your name: _____

Current job title: _____

Your current telephone number: _____ Fax number: _____ Email: _____

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

Do you hold any *professional* licenses, certifications, or registrations? YES NO

License Type & No.: _____ Issuing Agency: _____

License Type & No.: _____ Issuing Agency: _____

APPLICANT'S EMPLOYMENT INFORMATION

Company Name: _____

Applicant Employed From: _____ to: _____

Employment: Full Time *OR* Part Time

Dates you directly supervised the Applicant: _____ from _____ to _____

Applicant's Position/Title(s): _____

Did the Applicant supervise construction or demolition? YES NO

If yes, list period: from _____ to _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

Approximately, how many individuals did Applicant supervise? _____ *OR* N/A

Please list Applicant's job title(s), dates held (mm/dd/yy) and daily duties. If Applicant had more job titles, please attach additional sheet(s) and/or use comment section:

Job Title: _____ from _____ to _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

Daily Duties: (Please attach additional sheets and/or use comment section if necessary)

Job Title: _____ from _____ to _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

Supervisor's Initials _____ Applicant Name _____



SITE SAFETY MANAGER/COORDINATOR EXPERIENCE VERIFICATION FORM

Daily Duties: (Please attach additional sheets and/or use comment section if necessary)

Job Title: _____ from _____ to _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

Daily Duties: (Please attach additional sheets and/or use comment section if necessary)

Did the Applicant complete an 18 month on-the-job training program?..... YES NO

a. Was the training performed under the direct and continuing supervision, daily on-site training, of a certified site safety manager?..... YES NO

If yes, state the Name and License number of supervising site safety manager:

b. Was the training program full-time (35-40 hours/wk)?..... YES NO

c. Was the training program paid?..... YES NO

d. Did you supervise more than **two** (trainees during this 18 month) time frame?..... YES NO

If yes, how many? _____

e. Were dated and notarized monthly summaries, containing all required information, completed by the certified supervising site safety manager at the end of every month of the training program?..... YES NO

*If yes, you **must attach** the original summaries with this verification. Please retain a copy of the summaries for your files.*

f. Was the training program completed on major buildings, as defined by Chapter 33 of the NYC Building Code?
 YES NO

g. Did the training program include at least **four** months of training in soil or foundation work?..... YES NO

If yes, state the periods of time: _____

h. Did the training program include at least **four** months of training in structural erection?..... YES NO

If yes, state the periods of time: _____

Supervisor's Initials _____

Applicant Name _____



SITE SAFETY MANAGER/COORDINATOR EXPERIENCE VERIFICATION FORM

Did the Applicant obtain field experience as a safety official with your company?..... YES NO

- a. Was the company a (check one):
 - Governmental entity
 - Construction firm

If yes, how many years of experience in relevant work on major buildings did the applicant obtain?

Did the Applicant obtain field experience as a Safety Manager or Safety Engineer with your company?
 YES NO

- b. Was the company a (check one):
 - Safety consulting firm specializing in construction or demolition
 - Not applicable

Was Applicant a building code enforcement official enforcing the construction and demolition provisions of the NYC Building Code? YES NO

***If yes, applicant may be required to provide documentary proof of major buildings inspections.*

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Applicant Name _____



SITE SAFETY MANAGER/COORDINATOR EXPERIENCE VERIFICATION FORM

Major Building: QUALIFYING EXPERIENCE

In the spaces provided below, please list the timeframes and full address(es) of qualifying major building experience obtained by Applicant. If site details listed below are not provided, the Applicant may be requested to provide approved plans for each project.

A **major building is defined as an existing or proposed building that is 10 or more stories; or 125 feet or more in height; or has a building footprint of 100,000 square feet or more, regardless of height; or is designated by the Commissioner.*

(YOU MAY PHOTOCOPY THIS PAGE TO SUBMIT ADDITIONAL PROJECTS)

From _____ To _____ DOB Job/Permit No.: _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

Work Site Address: _____
(House No. & Street) City State Zip

Was this a Major Building* site? YES NO

Was the company that hired you the permit holder? YES NO

Was the company that hired you a subcontractor to the permit holder? YES NO

If yes, please provide the following information regarding the company that hired your company:

Company Name: _____

Company Contact Person: _____ Tel: _____

From _____ To _____ DOB Job/Permit No.: _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

Work Site Address: _____
(House No. & Street) City State Zip

Was this a Major Building* site? YES NO

Was the company that hired you the permit holder? YES NO

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If yes, please provide the following information regarding the company that hired your company:

Company Name: _____

Company Contact Person: _____ Tel: _____

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Was the applicant terminated, asked to resign or subject to any disciplinary action while in your employ?
 YES NO If yes, please explain in comment section:

ADDITIONAL COMMENTS

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 _____, 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 alleged in the foregoing verification are true.

(NOTARY PUBLIC)

Supervisor's Initials _____

Applicant Name _____