



Design Professional / Licensee Seal and Signature
Form for DOB NOW (DPL-1 Form)

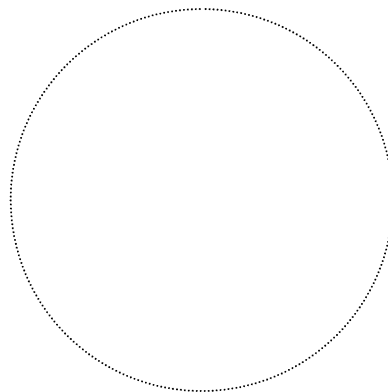
1 Design Professional/Licensee Information

Last Name		First Name		Middle Initial
Business Name			Business Telephone	
Business Address			Business Fax	
City	State	Zip	Mobile Telephone	
E-Mail			License Number	
Choose one: <input type="checkbox"/> Professional Engineer		<input type="checkbox"/> Registered Architect		<input type="checkbox"/> Registered Landscape Architect
<input type="checkbox"/> Master Plumber		<input type="checkbox"/> Oil Burner Installer		<input type="checkbox"/> Electrical Contractor
<input type="checkbox"/> Master Fire Suppression Contractor				

2 Design Professional/Licensee Seal and Signature Statement

By personally sealing and signing this document and then submitting a scanned copy to the Department of Buildings, I intend for the image of this seal and signature to be used as my official professional seal and signature where I so indicate in electronic documents to be submitted to the Department of Buildings.

This form shall expire one year from the date signed and sealed below



Name (printed)

Date

Affix seal and signature in accordance with all regulations applicable when applying signature and seal to official documents filed with the Department of Buildings. For raised seals, please lightly shade with pencil so that the seal clearly appears in the scanned copy