



PERMITTEE REGISTRATION APPLICATION

Permittee Number (Official Use Only)

Rev. 7/27/15

LEGAL ENTITY TYPE: (CHECK ONE)

☐ CORPORATION, LLC OR LLP (COMPLETE SECTIONS 1A, 2 TO 7)

☐ PARTNERSHIP (COMPLETE SECTIONS 1B, 2 TO 7)

☐ JOINT VENTURE (COMPLETE SECTIONS 1C, 2 TO 7)

☐ SOLE PROPRIETORSHIP (COMPLETE SECTIONS 1D, 2 TO 7)

SECTION 1A: Applicant Information (CORPORATION, LLC OR LLP)

1. Permittee Legal Name (As registered with NY State Department of State):

2. Tax I.D. Number (E.I.N) or Social Security Number:

3. NYS Department of State I.D. Number:

4. Address (Post Office Box Not Accepted):

5. City:

State:

Zip:

6. Tel #:() -

6. Fax #:() -

7. 24-Hour Emergency Telephone Number (Must be able to make immediate contact): () -

8. E-Mail:

NY State Department of State (NYS DOS) Additional Information (OPTIONAL)

9. NYS DOS Process Name (Name to which DOS will mail process if accepted on behalf of the entity):

10. NYS DOS Process Address: (Address to which DOS will mail process if accepted on behalf of the entity)

Address (Post Office Box Not Accepted):

City:

State:

Zip:

11. Assumed Name:

SECTION 1B: Applicant Information (PARTNERSHIP)

1. Permittee Legal Name (As Filed with Clerk of County):

2. Tax I.D. Number (E.I.N) or Social Security Number:

3. Index Number (Provided by County Clerk Office):

4. Address (Post Office Box Not Accepted):

5. City:

State:

Zip:

6. Tel #:() -

6. Fax #:() -

7. 24-Hour Emergency Telephone Number (Must be able to make immediate contact): () -

8. E-Mail:

SECTION 1C: Applicant Information (JOINT VENTURE)

1. Permittee Legal Name (As Provided by the Agreement):

2. Tax I.D. Number (E.I.N) or Social Security Number:

3. Address (Post Office Box Not Accepted):

4. City:

State:

Zip:

5. Tel #:() -

6. Fax #:() -

6. 24-Hour Emergency Telephone Number (Must be able to make immediate contact): () -

7. E-Mail:

SECTION 1D: Applicant Information (SOLE PROPRIETORSHIP)

1. Permittee Legal Name:

2. Tax I.D. Number (E.I.N) or Social Security Number:

3. Address (Post Office Box Not Accepted):

4. City:

State:

Zip:

5. Tel #:() -

6. Fax #:() -

6. 24-Hour Emergency Telephone Number (Must be able to make immediate contact): () -

7. E-Mail:

License Number

Name of Company on License

* Plumber:

* NOTE: NYCDOT will only issue permits in the name of the licensed plumber or the company name as shown on the Department of Buildings Plumbers License (Must attach a copy of the license). If the company name being registered is NOT the same as above, you will not be issued any water/sewer permits by NYCDOT.

SECTION 2: Category of Work Performed (Check All That Apply)

☐ General Contractor

☐ Government Contractor

☐ Sidewalk Contractor

☐ Canopy

☐ Commercial Refuse Container: BIC License or Registration Number:

SECTION 3: Work in Borough (Check All That Apply)

In what Borough(s) will you be working?

☐ Manhattan

☐ Brooklyn

☐ Queens

☐ Bronx

☐ Staten Island

