



PERMITTEE REGISTRATION APPLICATION

Permittee ID Number (Official Use Only)

Rev. 10/6/15
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LEGAL ENTITY TYPE: (CHECK ONLY ONE)

CORPORATION, LLC OR LLP (COMPLETE SECTIONS 1A, 2 TO 5) PARTNERSHIP (COMPLETE SECTIONS 1B, 2 TO 5)
JOINT VENTURE (COMPLETE SECTIONS 1C, 2 TO 5) SOLE PROPRIETORSHIP (COMPLETE SECTIONS 1D, 2 TO 5)

Field with an asterisk (*) next to it is mandatory.

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

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

Tax I.D. Number* (E.I.N.): or Social Security Number:
NYS Department of State I.D. Number*:
Address* (Post Office Box Not Accepted):
City*: State*: Zip*:
Tel #*:() - Fax #:() -
24-Hour Emergency Telephone Number* (Must be able to make immediate contact): () -
Applicant E-Mail:

NY State Department of State (NYS DOS) Additional Information

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

NYS DOS Process Address: (Address to which DOS will mail process if accepted on behalf of the entity)
Address:
City: State: Zip:
Assumed Name (Doing Business As):

SECTION 1B: Applicant Information (PARTNERSHIP)

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

Tax I.D. Number* (E.I.N.): or Social Security Number:
Index Number (Provided by County Clerk Office):
Address* (Post Office Box Not Accepted):
City*: State*: Zip*:
Tel #*:() - Fax #:() -
24-Hour Emergency Telephone Number* (Must be able to make immediate contact): () -
Applicant E-Mail:

SECTION 1C: Applicant Information (JOINT VENTURE)

Permittee Legal Name* (As Provided by the Agreement):

Tax I.D. Number* (E.I.N.): or Social Security Number:
Address* (Post Office Box Not Accepted):
City*: State*: Zip*:
Tel #*:() - Fax #:() -
24-Hour Emergency Telephone Number* (Must be able to make immediate contact): () -
Applicant E-Mail:

SECTION 1D: Applicant Information (SOLE PROPRIETORSHIP)

Permittee Legal Name*:

Tax I.D. Number* (E.I.N.): or Social Security Number:
Address* (Post Office Box Not Accepted):
City*: State*: Zip*:
Tel #*:() - Fax #:() -
24-Hour Emergency Telephone Number* (Must be able to make immediate contact): () -
Applicant E-Mail:

SECTION 2: Qualification

Category of Work Performed (Check All That Apply)*
General Contractor Government Contractor Sidewalk Contractor Canopy Commercial Refuse Container
Other

Bus. Integrity Comm. (BIC) License / Registration #:

Plumber License Number:

Permittee Types (For Official Use Only): A / C / CPY / CRC / G / H / P / S / UC

SECTION 3: Add Contacts

In what Borough(s) will you be working?*

___ Manhattan

___ Brooklyn

___ Queens

___ Bronx

___ Staten Island

___ Citywide

(Check All That Apply)

Primary Designated Representative to Accept Service of Summons at Your Business Office*

☛ Contact Type*:

First Name*:

Last Name*:

Purpose (For Official Use Only): B / C / EM / P / S

Tel #*:() -

Address Same as Primary Address in the Corresponding Section 1

Address* (Post Office Box Not Accepted):

City*:

State*:

Zip*:

Secondary Designated Representative to Accept Service of Summons at Your Business Office*

☛ Contact Type*:

First Name*:

Last Name*:

Purpose (For Official Use Only): B / C / EM / P / S

Tel #*:() -

Address Same as Primary Address in the Corresponding Section 1

Address* (Post Office Box Not Accepted):

City*:

State*:

Zip*:

Primary Legal Entity Personnel*: (Officers/Directors /Managing Agents /Owner/ Partners/ Members /Employee, etc.) - USE PAGE 3 FOR ADDITIONAL ENTRIES

☛ Contact Type*:

First Name*:

Last Name*:

Purpose (For Official Use Only): B / C / EM / P / S

Tel #*:() -

Address Same as Primary Address in the Corresponding Section 1

Address* (Post Office Box Not Accepted):

City*:

State*:

Zip*:

Secondary Legal Entity Personnel*: (Officers/Directors /Managing Agents /Owner/ Partners/ Members /Employee, etc.) - USE PAGE 3 FOR ADDITIONAL ENTRIES

☛ Contact Type*:

First Name*:

Last Name*:

Purpose (For Official Use Only): B / C / EM / P / S

Tel #*:() -

Address Same as Primary Address in the Corresponding Section 1

Address* (Post Office Box Not Accepted):

City*:

State*:

Zip*:

OPTIONAL: To Add Additional Authorized Representatives to Obtain Permits Complete Page 3

SECTION 4: Insurance

First-time Permittee applicants must provide proof of Insurance as indicated in the NYCDOT Highway Rules Section 2-02. For up to date insurance information and forms visit the NYC DOT Street Works Manual: <http://streetworksmannual.nyc/appendices/appendixb>

SECTION 5: Signature of Legal Entity Authorized Signatory (NOTE: THIS INDIVIDUAL'S NAME WILL APPEAR ON ALL DOT PERMITS)

Signatory Name*:

Title*:

(Please Print)

Signature*:

Date*:

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THIS FORM MUST BE NOTARIZED

County of

State of New York,

On the

of

, before me personally came

to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that

executed the same.

Application Notes

NOTE: E-mail address is required if applicant wishes to use the on-line NYCStreets Permit Management System.

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

NOTE: Use the following list to determine the "Contact Type" based on your Legal Entity:

- Corporation: Company Officer, Employee, Facilitator, Other
- LLC: Member, Employee, Facilitator, Other
- LLP: Partner, Employee, Facilitator, Other
- Partnership: Partner, Employee, Facilitator, Other
- Sole Proprietor: Owner, Employee, Facilitator, Other
- Joint Venture: Business Officer, Employee, Facilitator, Other

(For Official Use Only)

Approval by:

Date:

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