



Application must be typed.

1 Application Type		2 Safety Registration Number <i>(existing tracking number)</i>	
<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Change/ Reissue			
3 Safety Registration Endorsement Type <i>Select all that apply</i>			
<input type="checkbox"/> Construction		<input type="checkbox"/> Demolition	<input type="checkbox"/> Concrete
4 Type of Business			
<input type="checkbox"/> Individual / Sole Proprietor		<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
5 Business Information <i>Required for all applications. Email is required.</i>			
Legal Name of Business			
Business's Trade or Doing-Business-As (DBA) Name*			
Business Address		Business Telephone	
City	State	Zip	
E-Mail	EIN		
6 Applicant <i>Home address required if applicant is an individual /sole proprietor. Applicant must be director, officer, partner or principal.</i>			
Last Name		First Name	Middle Initial
Social Security No		Date of Birth (m/d/y)	
Home Address		Telephone	
City	State	Zip	% Control
E-Mail	Emergency Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Corporate Officers, Partners and Any Stakeholders <i>(Include Applicant and Stakeholders that own ten percent or more)</i>			
Last Name		First Name	Middle Initial
Social Security No		% Control	Title
Date of Birth (m/d/y)		Telephone	
E-mail		Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name		First Name	Middle Initial
Social Security No		% Control	Title
Date of Birth (m/d/y)		Telephone	
E-mail		Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name		First Name	Middle Initial
Social Security No		% Control	Title
Date of Birth (m/d/y)		Telephone	
E-mail		Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name		First Name	Middle Initial
Social Security No		% Control	Title
Date of Birth (m/d/y)		Telephone	
E-mail		Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name		First Name	Middle Initial
Social Security No		% Control	Title
Date of Birth (m/d/y)		Telephone	
E-mail		Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

8 Business Affiliation Information

- ☐ Yes ☐ No Is any person named on this application an employee, participant in the management of, or own a controlling interest for any other entity which files for permits with the Department? *If "Yes" you **must** complete the section below.*
- ☐ Yes ☐ No Has the business listed in Section 5 used another business name or operated out of a different location during the last 5 years? *If "Yes" you **must** complete the section below.*
- ☐ Yes ☐ No Has any person named on this application been employed by DOB within the last year? *If "Yes" provide details in Section 9.*

Name of Individual			% Control
Legal Name of Business			Title
Business's Trade or Doing-Business-As (DBA) Name*			
Business Address		Business Telephone	
City	State	Zip	EIN
Name of Individual			% Control
Legal Name of Business			Title
Business's Trade or Doing-Business-As (DBA) Name*			
Business Address		Business Telephone	
City	State	Zip	EIN
Name of Individual			% Control
Legal Name of Business			Title
Business's Trade or Doing-Business-As (DBA) Name*			
Business Address		Business Telephone	
City	State	Zip	EIN

9 Comments

10 Applicant Statements and Signatures

I have read and I understand all the items contained in this document. I state that the above information is correct and complete to the best of my knowledge. I understand it is unlawful to make a false statement to the Department; or to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Such actions are punishable by imprisonment, fine and/or loss of registration.

Name (print)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury Day of 20	
Date	Notary Signature	

Internal Use Only

Date received:	Fee Paid: \$
Reviewed by:	
Comments:	Status: " Satisfactory " Unsatisfactory