



CD4: Tower & Mobile Crane / Derrick / Mast Climber / Pile Driver
On-Site Inspection Application / Certificate
File 4 copies / Application must be typewritten

CN Number: _____

1A Application Type <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment	1B Equipment Type <input type="checkbox"/> Mobile Crane <input type="checkbox"/> Mobile Tower Crane <input type="checkbox"/> Fix / Climber Tower Crane <input type="checkbox"/> Derrick <input type="checkbox"/> Mast Climber <input type="checkbox"/> Pile Driver
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2 Location Information		
Borough	Block	Lot
Address	Job Number	

3A Crane / Derrick / Mast Climber / Pile Driver Information	3B Configuration / Phase Information																																																															
<table border="1" style="width: 100%;"><thead><tr><th></th><th>CD Number</th><th>Serial Number</th><th>Expiration Date</th></tr></thead><tbody><tr><td>1</td><td></td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td></tr><tr><td>5</td><td></td><td></td><td></td></tr><tr><td>6</td><td></td><td></td><td></td></tr></tbody></table>		CD Number	Serial Number	Expiration Date	1				2				3				4				5				6				<table border="1" style="width: 100%;"><thead><tr><th></th><th>Mast (ft)</th><th>Boom (ft)</th><th>Jib (ft)</th><th>Total (ft)</th></tr></thead><tbody><tr><td>1</td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td><td></td></tr><tr><td>5</td><td></td><td></td><td></td><td></td></tr><tr><td>6</td><td></td><td></td><td></td><td></td></tr></tbody></table>		Mast (ft)	Boom (ft)	Jib (ft)	Total (ft)	1					2					3					4					5					6				
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4 Applicant Information	5 Equipment User Information
Name _____ E-Mail _____	Name _____ E-Mail _____
Title _____ Lic # _____	Title _____
Business Name _____	Company _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____

6 Statement and Signature
<ul style="list-style-type: none">This On-Site Inspection Certificate will only be used for the tower & mobile crane / derrick / mast climber / pile driver at the above mentioned site and conforms with approved plans.Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful 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. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

6A Applicant's Statement	6B Equipment User's Statement
The applicant, having been authorized by the owner of the premises, building or structure, hereby makes application for the approval of the use of the tower & mobile crane / derrick / mast climber / pile driver described above to be used to the above mentioned site in accordance with the accompanying plans and specifications. Name (please print) _____	I hereby state that the above equipment will not be used until a valid On-Site inspection is obtained. Signature _____ Date _____
Signature _____ Date _____	
Seal (apply seal, then sign and date over seal)	

6C Crane Safety Coordinator's Statement	6D Mast Climber Supervisor's Statement
As a Professional Engineer or a person having at least five years of construction experience, I hereby certify that I will act as the designated safety coordinator and shall be responsible for the control of pedestrian and vehicular traffic within the designated hoist areas. I shall also supervise compliance with this On-site Inspection Certificate and its drawings.	I am a Professional Engineer or an experienced person qualified for the installation, dismantling, operation and maintenance of the equipment listed in section 3A above. I am aware that this equipment shall not be used as a personnel or material hoist. I will supervise the mast climber installation and operation for this project in accordance with NYC approved drawings, Manufacturer's recommendations and all applicable Federal, State and City laws, rules and regulations.
Name _____ License Number _____	Name _____ License Number _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
Signature _____ Date _____	Signature _____ Date _____
	Additional Information:

Internal Use Only			
Date Received	Invoice/Receipt Number	Fee Paid	
Examiner's Name (please print)	Inspector's Name (please print)		
Signature	(Issuance) Date	Signature	Date
Expiration date	Badge Number		