



Construction Superintendent EXPERIENCE VERIFICATION FORM

Rev. 1/24

(FORM MUST BE TYPEWRITTEN)

Applicant's Name: _____

Business Name: _____
(business where Applicant was employed)

INSTRUCTIONS

APPLICANT INSTRUCTIONS

This form must be fully completed. Incomplete forms will not be accepted and may result in delay or disqualification for this license.

Please print your name and the name of the company for which you worked and give this form to **each** employer you have worked for during the timeframe you are claiming as qualifying experience.

NOTE: Only the worksites included in this affidavit will be considered

EMPLOYER REPRESENTATIVE INSTRUCTIONS

The above Applicant has applied to become a **Registered Construction Superintendent (CS)** with the New York City Department of Buildings. The Applicant indicated in their application that they gained qualifying experience while working for the above business/company.

Please read and follow these directions before completing the form:

- All sections of this verification form must be completed by a person authorized by the business to verify employee titles, duties, and responsibilities.
- An Employer Representative, NOT THE APPLICANT, **must** complete all portions of this verification form. The completed form must be **signed and notarized**.
- Answer **EVERY** question or indicate **N/A** (not applicable) when the question does not apply to you.
- Once completed, please give the ORIGINAL notarized verification form(s) to the Applicant.
- You may include additional information in the Comment Section, or you may attach additional pages if needed.

Please note, your failure to complete this form fully and accurately may result in the Applicant's disqualification for a Construction Superintendent registration.

EMPLOYER INFORMATION

Name: _____ Email: _____ Current Phone No.: _____

Current Job Title: _____ * Previous Job Title: _____

Do you hold professional licenses, certifications, or registrations? YES NO

License Type & No.: _____ Issuing Agency: _____

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APPLICANT'S EMPLOYMENT INFORMATION

Applicant's Position/Title(s): _____

Applicant Employed From: _____ To: _____ Full Time¹ Part Time
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

¹ Full time employment is working a minimum of 35 hours, per week. The Department will verify the Applicant's proof of earnings.

* Complete this section if your title has changed within the business or you are no longer employed at the company.

Applicant Name: _____

Supervisor's Initials: _____

1. Is the Applicant able to read construction plans and specifications? YES NO

2. Did the Applicant obtain field experience as a:

a. Safety Official with the employer YES NO

b. Safety Manager or Safety Engineer with this employer YES NO

c. The employer was a (check one)

government entity

construction firm

safety consulting firm specializing in construction or demolition

3. While at this employer or while working with this client, did the Applicant work with plans in a relevant construction trade in furtherance of the construction, vertical or horizontal enlargement or full demolition of a building or structure?

YES NO

If YES, please describe the type of work done by the Applicant.

4. Are you aware of any acts or omissions by the Applicant that may reflect on the Applicant's moral character? YES NO

COMMENTS:

FORM ATTESTATION

I, the person signing below, have voluntarily provided the attached information on the verification form regarding this Applicant. I attest and affirm the truthfulness of my statements and fully understand that any false statement or any material omission made in connection with this document is sufficient cause for the City of New York to deny the registration being sought by the Applicant. I also understand and agree that any false statement or any material omission made in connection with this document is sufficient cause for the City of New York to invalidate, rescind, or revoke any and all licenses and/or registrations issued to me under the jurisdiction of the New York City Department of Buildings. In addition, I understand that any such false submission may subject me to criminal charges, including, but not limited to New York State Penal Law sections 175.35 (offering false statement for filing) and 240.40 (sworn false statement), which may result in imprisonment, a fine, or both.

Name: _____
(Print)

Signature: _____ Date: _____

STATE OF _____)

COUNTY OF _____) SS.:

On the _____ day of _____ in the year _____, the above signatory, _____, personally known to me or proved to me on the basis of satisfactory evidence, personally appeared before me and subscribed his/her name to the above verification and, after being duly sworn upon his oath, says that the facts alleged in the foregoing verification are true.

(NOTARY PUBLIC)

Applicant Name: _____

Supervisor's Initials: _____