



Buildings

Crane HMO B Rating Exam Attestation

Application must be typewritten.

1 Applicant Type Required for all applications.

Initial Change Renewal

2 Applicant Information

First Name Last Name E-Mail Lic # Phone

3 Witness Information Witness must be a Class B License New York City Hoisting Machine Operator.

First Name Last Name E-Mail Lic # Phone

4 Available Ratings Only one may be checked. A separate attestation form must be provided for each rating sought.

Table with 4 columns: Rating Name, checkbox, Rating Name, checkbox. Rows include American Crawler Cranes, Demag Crawler Cranes, Demag Wheel Mounted Cranes, FMC Corp Wheel Mounted Cranes, Grove Wheel Mounted Cranes, Kobelco Crawler Cranes, Liebherr Crawler Cranes, Liebherr Wheel Mounted Cranes, Link-belt Crawler Cranes, Link-belt Wheel Mounted Cranes, Manitowoc Crawler Cranes, Manitowoc Wheel Mounted Cranes, Tadano Wheel Mounted Cranes, Terex Crawler Cranes, Terex Wheel Mounted Cranes.

5 Statements and Signatures Required for all applications.

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.

5A Applicant Statement and Signature Required for all applications.

I hereby attest that I have passed a practical exam for the rating indicated in this submission in accordance with 1 RCNY §104-09(h)(1)(ii). The exam was conducted at (location) on (date). The exam was conducted: on a crane or in a simulator. The crane used was, or the simulator recreated a (manufacturer) (make and model) with feet of main boom and feet of luffing jib.

Name (print)

Signature

Date

Notarization State of New York, County of: Sworn to or affirmed under penalty of perjury day of 20 Notary Signature

Notary Seal

**5B Witness Statement and Signature** *Required for all applications.*

I attest that the applicant referenced in this submission has passed a practical exam for the rating indicated herein, which I personally witnessed, in accordance with 1 RCNY 104-09(h)(1)(ii). The exam was conducted at (location) \_\_\_\_\_ on (date) \_\_\_\_\_. The exam was conducted: on a crane  or a simulator . The crane used was, or the simulator recreated a (manufacturer) \_\_\_\_\_ make and model) \_\_\_\_\_ with \_\_\_\_\_ feet of main boom and \_\_\_\_\_ feet of luffing jib.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Notarization  
State of New York, County of:  
Sworn to or affirmed under penalty of perjury  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
Notary Signature \_\_\_\_\_

Notary Seal  
\_\_\_\_\_  
\_\_\_\_\_

**Internal Use Only**

Date Received: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_  
Comments \_\_\_\_\_