

1 APPLICATION TYPE

New
 Renewal
 Reissue
 Change (i.e. Address/Business/Deactivation)

2 LICENSE NUMBER

--	--	--	--	--	--

3 LICENSE TYPE

Concrete Testing Laboratory

4 AGENCY INFORMATION

Agency Name: _____ Phone No.: _____
 Address: _____ Business Email _____
 City: _____ State: _____ Zip: _____

5 DIRECTOR INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____
 Home Address: _____ Home Telephone: _____
 City: _____ State: _____ Zip: _____ Mobile Telephone: _____
 Date of Birth (m/d/yy): _____ *Social Security No.: _____ Email: _____
 Concrete Test Lab (choose one): PE RA NYS License No.: _____

6 PARTNER OR OFFICER INFORMATION

Name:	Address:	Phone:	Name:	Address:	Phone:
City:	State:	Zip:	City:	State:	Zip:
Lic. No.:	% Control:		Lic. No.:	% Control:	
Title(s):			Title(s):		
Name:	Address:	Phone:	Name:	Address:	Phone:
City:	State:	Zip:	City:	State:	Zip:
Lic. No.:	% Control:		Lic. No.:	% Control:	
Title(s):			Title(s):		

7 AFFILIATIONS (complete this section **only** if you have additional business affiliations)

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

8A CONVICTIONS & FINES

If you answer 'Yes' to either of these questions, you must complete and attach form LIC34.

- Yes No Have you ever been convicted or pled guilty to an offense anywhere (an offense is defined as a violation, misdemeanor or felony)?
 Yes No Do you owe any penalties or fines to the City of New York?
 Yes No Does any company or business you have been associated with under your Department-issued license owe any penalties or fines to the City of New York?

8B CONVICTIONS & FINES

If you answer 'Yes' to either of these questions, you must complete and attach form LIC34.

- Yes No Have you ever been convicted or pled guilty to an offense anywhere (an offense is defined as a violation, misdemeanor or felony)?
 Yes No Do you owe any penalties or fines to the City of New York?
 Yes No Does any company or business you have been associated with under your Department-issued license owe any fines, penalties or fees to the City of New York that were incurred during your association with that company or business?

Fee Paid:

Clerk's Signature:

Date:

Expiration Date:

9A LICENSING HISTORY (Director)

List all licenses, certifications, or registrations issued to you, by any City or State. Use additional sheet if necessary.

NAME	TYPE	LIC./CERT./REGISTRATION NO.	CURRENT STATUS	EXPIRATION DATE

- Yes No Do you currently have a valid driver's license? State where issued: _____ Driver's License No.: _____
- Yes No Have any licenses or privileges granted to you or your associated business(es) by the Department of Buildings or any other government entity ever been rescinded, revoked, surrendered, suspended or have you or your related business(es) ever been disqualified from performing inspections?
- Yes No Have any disciplinary actions ever been taken against you, or any business(es) registered to you, by the Department or any other certifying authority?
- Yes No Have any license application(s) ever been denied to you by the Department of Buildings or any other government entity?

If **Yes** please indicate the type of license/certification/registration with the reason for the suspension, restriction, surrender, revocation, or disciplinary action in **Section 10A**.

9B LICENSING HISTORY (Owner)

List all licenses, certifications, or registrations issued to you, by any City or State. Use additional sheet if necessary.

NAME	TYPE	LIC./CERT./REGISTRATION NO.	CURRENT STATUS	EXPIRATION DATE

- Yes No Do you currently have a valid driver's license? State where issued: _____ Driver's License No.: _____
- Yes No Have any licenses or privileges granted to you or your associated business(es) by the Department of Buildings or any other government entity ever been rescinded, revoked, surrendered, suspended or have you or your related business(es) ever been disqualified from performing inspections?
- Yes No Have any disciplinary actions ever been taken against you, or any business(es) registered to you, by the Department or any other certifying authority?
- Yes No Have any license application(s) ever been denied to you by the Department of Buildings or any other government entity?

If **Yes** please indicate the type of license/certification/registration with the reason for the suspension, restriction, surrender, revocation, or disciplinary action in **Section 10B**.

10A COMMENTS (Director)

10B COMMENTS (Owner)

11 STATEMENTS & SIGNATURES (Agency Directors) NOTARY SIGNATURE & SEAL REQUIRED FOR ALL LICENSEES

As a condition of being granted a license, I attest that I comply with all New York City Administrative Code and Department rules, regulations, and directives governing how licensees conduct their specific trade. 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 license. In the event of an accident that involves my actions undertaken in connection with my license, I understand that the Administrative Code requires that I cooperate with any investigation and that failure to do so may result in immediate suspension, revocation or other disciplinary action.

Name (print)	Notarization <i>(Required for Testing Laboratories)</i> State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury	
	day of 20	
Date	Notary Signature	

12 STATEMENTS & SIGNATURES (Owners) NOTARY SIGNATURE & SEAL REQUIRED FOR ALL LICENSEES

As a condition of being granted a license, I attest that I comply with all New York City Administrative Code and Department rules, regulations, and directives governing how licensees conduct their specific trade. 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 license. In the event of an accident that involves my actions undertaken in connection with my license, I understand that the Administrative Code requires that I cooperate with any investigation and that failure to do so may result in immediate suspension, revocation or other disciplinary action.

Name (print)	Notarization <i>(Required for Testing Laboratories)</i> 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	