

Date

Supplemental Investigation Questionnaire – Private Elevator Inspection Agency Inspector/Director

LICENSE AUTHORIZATION

This license authorizes a NYC licensee to perform and/or witness inspections and tests or enter into contracts pursuant to article 304, chapter 3 of the NYC Administrative Code.

| QUALIFICATIONS | | | |
|---|---|---|-------------|
| As of today, I have the following qualifications. Please check all that apply: | | | |
| | I am at least eighteen (18) year | urs old; | |
| | I am able to read and write the | English language; | |
| | I am fit to perform the work authorized by this license; | | |
| | I am of good moral character. | | |
| In addition as of today, I have the following level of experience: Please check one (1): | | | |
| For Age | ency Directors: | | |
| | I have a minimum of ten (10) years of satisfactory experience within the fifteen (15) years immediately preceding the exam application date supervising the assembly, installation, maintenance, repair, design or inspection of elevators; | | |
| | OR | | |
| | I am a New York State-licensed professional (Registered Architect or Professional Engineer), who has a minimum of five (5) years of satisfactory experience within the seven (7) years immediately preceding the exam application date either supervising the assembly, installation, maintenance, repair, design or inspection of elevators. | | |
| For Age | ency Inspectors: | | |
| ☐ I have a minimum of seven (7) years of satisfactory experience within the ten (10)) years immediately preceding the exam application date in the assembly, installation, repair, design or inspection of elevators or as an elevator mechanic. | | | |
| I,, declare and acknowledge that the New York City Department of Buildings has permitted me to take the examination prior to their review of my fitness and qualifications for licensure. I fully understand that it is my responsibility to ensure that I have met the qualifications and specific requirements applicable to the particular license for which I am applying. I understand that by checking the boxes above I am agreeing to submit satisfactory proof establishing that I have met the applicable license requirements. | | | |
| Name (print) | | Notarization | |
| | | State of New York, County of: | |
| Signature | e | Sworn to or affirmed under penalty of perjury | Notary Seal |

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Day of

Notary Signature