

Construction Labor Provider – New & Renewal License Application Supplement

This Supplement includes three parts:

- PART I (general information)
- PART II (business operations)
- PART III (affirmation)

Instructions: You must complete this form by providing current information for your business and affirm that your responses are true and complete. For the purposes of this form, the terms "you," "your," and "Applicant" refer to the business entity applying for a license or renewal.

PART I: General Information

Applicant / Licensee Information:					
(A) Legal Name of Business: (Must be exactly as filed with the New York State Secretary of State or County Clerk.)		(B) Doing-Business-As (DBA)/Trade Name, if applicable:			
(C) Business Address: (Building Number, Street Name, Apartment/Suite/Other)					
City:	State:		ZIP Code:	Country/Region: (if outside USA)	

PART II: Business Operations

Attach additional sheets as necessary to answer questions.

Definitions (see Section 20-564 of the New York City Administrative Code):

Construction labor provider: a person who employs and supplies covered construction workers to third-party clients for their construction sites in New York City in exchange for compensation.

Covered construction worker. a person who is employed by a construction labor provider to perform construction work or manual labor on a construction site.

Construction: the excavation, erection, alteration, and repair of buildings or any component parts, including all operations (see Section 3302.1 of the New York City Building Code).

Manual labor: the type of physical work performed by a manual worker, defined by Section 190 of the New York State Labor Law as a mechanic, workingman, or laborer. Workers who spend more than 25% of working time engaged in physical labor are manual workers.

All Applicants must answer Question 1. 1. Have you engaged in the business of a ☐Yes construction labor provider for construction If Yes, complete the remaining questions in Part II. sites in New York City? ∏No If No, skip to Part III. Renewal Applicants and any Applicant that checked "Yes" to Question 1 must complete the remaining questions in Part II. 2. What percentage of your business operations involves construction labor provider services % for worksites in New York City? 3. For completion by New License Applicants: What is the total number of covered construction workers employed from December 11, 2021 up to the date of this application? For completion by Renewal Applicants: What is the total number of covered construction workers employed during the preceding license term up to the date of this application?

4. List the average hourly rate of wage you paid covered construction workers as of the date of this application and the supplemental benefits provided, organized by workers' compensation classification code and job title/position.

Workers' Compensation Classification Code	pensation Hourly		Supplemental Benefits (including but not limited to health insurance, retirement funds, and insurance premiums)		
		Wage	Туре	Average Hourly Value	

List each third-party client (name and business address), client worksite address, number of covered construction workers sent to or to be sent to client worksites, and duration of assignment/contract (dates of work).

Important: If you sent covered construction workers to multiple worksites for the same client, please provide the information for each worksite in a separate row.

New License Applicants:

Enter information from December 11, 2021 up to the date of this application.

Renewal Applicants:

Enter information from the date your previous license was issued by the Department of Consumer and Worker Protection up to the date of this application.

Client Name and Business Address (if different from worksite address)	Client Worksite Address (include only NYC locations)	Average Number of Covered Construction Workers at Worksite (assigned to worksite for any day)	Duration of Assignment/ Contract (start date and end date)

PART III: Affirmation

Please read and sign below.

I am authorized to complete and submit this Construction Labor Provider License Application Supplement (Supplement). I have reviewed the entire Supplement. To the best of my knowledge, this Supplement is true, correct, and complete.

If any of the information in this Supplement changes, Applicant must notify the Department of Consumer and Worker Protection in writing within 10 days of the change.

This affirmation shall be deemed executed in the City and State of New York and shall be governed by and construed in accordance with the laws of the State of New York (notwithstanding New York choice of law or conflict of law principles) and the laws of the United States.

PENALTY FOR FALSE STATEMENTS:

Making a false statement or submitting fraudulent materials may be punishable by fine, imprisonment, or both, and also may result in the denial of your application or revocation of your license.

Under Section 175.35 of the New York Penal Law, you may be:

- fined up to \$5,000 or
- fined an amount that is twice the amount of money you received by making the false statement and / or
- sent to jail for up to 4 years

Punishment may also include but not be limited to fines or penalties of up to \$500 for each false statement.

If DCWP denies your license application due to false statements and/or falsified documents, DCWP may prohibit you from submitting another license application for the same license category for one year.

By signing below, I understand and agree that I am swearing or affirming that I have told the truth on this form.

ii you submit this form as an electron	ically lilled-in PDF, you may type your name in	trie signature neid.
Signature	Print Name	
Print Position/Title (if any)	Date	

All laws and rules of the City of New York, including the New York City Consumer Protection Law and Rules, are accessible via **nyc.gov/dcwp**.

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