New York City
Department of Transportation

BUREAU OF PERMIT MANAGEMENT and
CONSTRUCTION CONTROL
55 Water Street, Concourse Level
New York NY, 10041

PERMITTEE REGISTRATION APPLICATION

NYCDOT Use Only

Permittee Number _____

Approved By_____ **Date**_____

***Name** _____ **A/K/A** _____

Business Address/Information: (Post Office Box Not Accepted)

Tax I.D./Social Security Number _____

Street _____ **Phone Number:** _____

City _____ **E Mail Address:** _____

State _____ **Zip** _____ **FAX Number:** _____

24 Hour Emergency Telephone Number: _____**Must be able to make immediate contact**

Category of Work Performed (Check all that apply)

☐**General Contractor** ☐**Government Contractor** ☐**Authority Contractor** ☐**Sidewalk Contractor** ☐**Crane**

Other _____

Applicable License Number(s): Consumer Affairs _____**Sign Hanger** _____ **Master Rigger** _____

☐**Plumber: License Number** _____ ***Name of Company on license**_____
NYCDOT will only issue permits in the name of the licensed plumber or the company name as shown on the Department of Buildings Plumbers License (must attach copy of license), if the company name being registered is not the same as above you will not be issued any water/sewer permits by NYCDOT.

What Borough will you work in? (Check all applicable) ☐ **Manhattan** ☐ **Brooklyn** ☐ **Bronx** ☐ **Queens**☐ **Staten Island**

Authorized Representatives to obtain Permits (use reverse side for additional entries):

NAME	AFFILIATION	TELEPHONE #

Company Information for: Officers/Directors/Managing Agents/ etc.

NAME	TITLE	SIGNATURE

Designated Representative(s) to Accept Service of Summons at your Business Office:

_____

_____

Company Official (Print) **Signature** **Title** **Date**

This form MUST be NOTARIZED

County of _____ **State of New York,**

On the _____ **of** _____**, before me personally came**_____ **to me known to be the individual described in and who executed the forgoing instrument, and acknowledged that** _____**executed the same.**

(cont'd)

NAME	AFFILIATION	TELEPHONE #