



# Hoisting Machine Operator (HMO) B Rating Request

# DOB NOW: *Licensing* Step-by-Step User Guide

This guide is for adding a rating to a Hoisting Machine Operator (HMO) Class B license in DOB NOW: *Licensing*.

#### System Guidelines

Chrome is the recommended browser for optimal DOB NOW performance.

- 1. Fields with a red asterisk (\*) are required and must be completed.
- 2. Grayed-out fields are read-only or are auto-populated by the system.
- 3. Depending on the size of your screen or browser you may have to use the scroll bar to view more options or full fields.

Enter email/username		Select:	Select:		
ing Representa	tive Information		2		
First Name	Last Name	Email	Business Name	Business Telephone	Ac
	1052		A12	(201) 222-2222	

#### Helpful Links

- DOB NOW: Licensing Resources page: Presentations, Step-by-Step Guides, Resources, and Videos
- DOB NOW Training page
- License Requirements by License Type





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### Log into DOB NOW: Licensing and start an application

**Step 1**: Navigate to the DOB NOW login page at nyc.gov/dobnow, Enter your NYC.ID email address in the Email field, and select Login. If you need to create an NYC.ID account, select Create Account or visit nyc.gov/dobnowtips for resources and step-by-step instructions.



**Step 2:** After logging into DOB NOW, the Welcome page displays. Hover over **DOB NOW:** *Licensing* and select **New License**.







### Add an HMO Class B Rating

Once an HMO Class B License has been issued, operators can add **HMO Class B Ratings** they have earned to be able to operate additional types of hoisting machinery. Applicant must be logged in with the email address associated with their HMO Class B license. Ratings can also be added when renewing an HMO license by selecting **Renew License**.

Step 3: Hover over the Manage License button and select HMO Class B Ratings from the dropdown menu.

<b>DOB</b> NOT LICENSING BWC Buildings DOB NOW Submit Filings, Payments, a	and Requests to the NYC Department of Buildings
A New License Annage My Profile	Manage License C Renew License + Business Approval
	Add HMO Class B Ratings
My Applications My Requests Busine	Change Business Information hent
	Named Agent
Actio: Filing Action V Application N	Reissue Card
	Update Designations
Select Action: V L00019937	Renewal with Change Hoisting Machine Operator

**Step 4**: On the **General Information** tab, the Applicant information will auto-populate. Select **Save**. Click **+Add** under **Available Ratings** to enter a rating.

or each rath	ng sought).			
+ Add				
Actions	Crane HMO B Rating	Location	Date of Exam	The Exam was cond





**Step 5:** In the **HMO B Ratings** pop-up window select an **Available Rating** from the drop-down menu.

Crane HMO B Ratings			
Available Ratings (Multiple ratings may be add Select a value: Select a value: American Crawler Cranes Demag Crawler Cranes	ded. Upload a separate Crane HMO B Rating Exam Attestation	document for each rating).*	
Demag Wheel Mounted Cranes FMC Corp Wheel Mounted Cranes Grove Wheel Mounted Cranes Kobelco Crawler Cranes Liebherr Crawler Cranes Link-belt Grawler Cranes Link-belt Wheel Mounted Cranes Manitowoc Crawler Cranes	O in a simulator Date of Exam* No. of feet (Main Boom)*	Manufacturer*	
Manitowoc Wheel Mounted Cranes Tadano Wheel Mounted Cranes Terex Crawler Cranes Terex Wheel Mounted Cranes			Add Cancel

#### **Step 6**: Enter **Exam Details**. Click **Add** when all details have been entered.

Exam Details		
The exam was conducted (choose one)*	) in a simulator	
Location*	Date of Exam*	Manufacturer*
Make and Model #*	No. of feet (Main Boom)	No. of feet (Luffing Jub)
		Add

#### **Step 7:** On the **Documents** tab, click the upload button to upload your exam results document(s).

L000001105-BR	Descripted Description						
General Information	Required Documents						
Documents	ocuments Documents						
Statements and Signature							
	Actions	Document Type	Document Status				
	108	Manitowoc Crawler Cranes	Required				





**Step 8**: In the **Upload a Document** pop-up, click **Choose File** and navigate to the document on your computer. Press **Upload**.

Upload a Document
Document Name*
Crane HMO B Rating Exam - Grove Wheel Mounted Cranes
Document Choose File No file chosen
Upload Cancel

**Step 9:** On the **Statements and Signature** tab, click the checkbox to attest.

🛱 Save 📲 Submit			
L000001232-BR	Applicant Statement & Signature		
Documents	Crane HMO B Rating Exam Attestation *		
Statements and Signature	Falsification of any statement is a misdemeanor and is punisha accept, any benefit, monetary or otherwise, either as a gratu imprisonment or fine or both. I understand that if I am found a falsified or allowed to be falsified any certificate, form, signed i of this code or of a rule of any agency. I may be barred from fili	able by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employ ity for property performing the job or in exchange for special consideration. Violation is punishal after hearing to have knowingly or negligently made a false statement or to have knowingly or neglig statement, application, report or certification of the correction of a violation required under the prov ing further applications or documents with the Department. erating indicated in this submission in accordance with 1 RCNV 104-09(h)(1)(ii).	/ee to ole by gently isions
	Name	Date	

#### How to Submit

Step 10: Click Save and then Submit.

Pre-filing	Pending QA Assignment	Pending QA Review	Approved
Save Submit			





**Step 11:** Page through the **Application Preview**. On the last page, scroll down to the **Attestation**. Click the **Checkbox** and then click **File**.

Application Preview		« Previous Next >	<b>Q</b> Zoom <b>Q</b> Zo	om 100% 🗸		Page: 3 / 3	×
						_	*
			Statements &	Signatures			
	Crane HMO E	3 Rating Exam Attestatio	n			_	
	F u a s c	Falsification of any staten inlawful to give to a city er is a gratuity for property p mprisonment or fine or bol false statement, applicati of this code or of a rule of Department.	nent is a misdemeanor mployee, or for a city en erforming the job or in e th. I understand that if I a ve knowingly or neglige ion, report or certificatior ' any agency, I may be l	and is punishable to poloyee to accept, and change for special im found after hearin ntly falsified or allow of the correction of parred from filing fur	by a fine or imprisonment, or both. It ny benefit, monetary or otherwise, eith consideration. Violation is punishable ig to have knowingly or negligenity ma- wed to be falsified any certificate, for a violation required under the provisio ther applications or documents with t	is er Je 16. 17. 15. 19.	
	I 1	hereby attest that I have   RCNY 104-09(h)(1)(ii).	passed a practical exam	for the rating indicat	ed in this submission in accordance w	th	
		Name:	hmo Test (Electronically Signed)	Date:	10/20/2024		
							-
I understand ar understand that	nd agree that I t this electroni	by personally clicking or c signature shall have the	n the box at left I am e e same validity and effe	lectronically signing ct as a signature af	g this application and expressing my fixed by hand.	agreement with all of its terms. I	
Name	hmo Test			Date 10	0/21/2024		
	(Electronically	Signed)	🖈 File 🕈 Retur	n to Filing View		3	

The status bar will update to Pending QA Assignment and the application will be on the My Requests tab of your dashboard.

	Pre-fil	ing	Pending QA Assign	nent	Pending QA Review		Approved		
	H Sate								
	★ + New License  Manage My Profile  Manage License  C Renew License  + Business Approval								
м	y Applications	My Requests Business Appr	oval SSM Trainee Enrollment						
	Actions V Request Number V Request Type V Request Status V Created Date V Modified Date V Payment Status								
		L000001232-BR	Change - HMO B Rating	Pending QA Assignment	10/21/2024	10/21/2024	No Fee		

#### **Next Steps**

You will be sent a confirmation email notifying you of the results of the QA review.