



Limited Hoisting Machine Operator License ARTICULATING BOOM CRANE, MINI CRANE, TELEHANDLER – TRAINING & CERTIFICATION AFFIDAVIT

(Only for license applications submitted **before** November 7, 2024)

Applicant's Name: _____
(Print)

Date: _____
(XX/XX/20XX)

INSTRUCTIONS

PURPOSE

The Department has been made aware that the demand for the 8-hour HMO training course and national certification tests required by 1 RCNY 104-09 to complete the application for a limited Articulating Boom Crane, Mini Crane, or Telehandler limited HMO license exceeds the current availability. For many this will prevent them from being able to file an application by November 6, 2024, and vest under the alternate pathway established by 1 RCNY 104-09(a)(4)(iii). Individuals who have been unable to complete the 8-hour HMO training course or certification required by 1 RCNY 104-09 may vest under the alternate pathway by:

1. submitting an application for licensure through the DOB NOW: *Licensing* system by November 6, 2024, with this affidavit included as part of the application as indicated in the instructions below
2. completing the 8-hour training course and national certification required by 1 RCNY 104-09 by May 6, 2025; **and**
3. submitting through the DOB NOW: *Licensing* system by May 6, 2025, the 8-hour HMO training course certificate and national certification card indicating the appropriate certification.
4. certifying that all other licensure requirements have been met by November 6, 2024.

Failure to complete the 8-hour training course and national certification required by 1 RCNY 104-09 by May 6, 2025, and submit the 8-hour HMO training course certificate and national certification card indicating the appropriate certification through the DOB NOW: *Licensing* system by May 6, 2025, shall result in the applicant being ineligible to be considered for licensure under the alternate pathway established by 1 RCNY 104-09(a)(4)(iii) and shall constitute grounds to deny the application.

NOTE: Course providers and certification entities may take several weeks to print and mail certificates. Applicants must plan accordingly.

APPLICANT INSTRUCTIONS

Please read and follow these directions for filling out the form.

- Applicant's name must appear on every page.
- Please print or type your answers. Illegible entries will not be considered.
- All sections of this form must be completed.
- The form must be signed by the applicant.
- This form must be notarized.
- When prompted by the system to upload a course completion certificate for an HMO course, instead upload a completed copy of this affidavit if you do not have a course completion certificate.
- When prompted by the system to enter and upload a national certification card (i.e., NCCCO), instead upload a completed copy of this affidavit if you do not have the appropriate national certification card. In the data field, enter the certification you are seeking to obtain (i.e., rotating telehandler for a telehandler limited license), enter **IOU** as the certificate number, and enter **05/06/2025** as the expiration date.
- If applying for more than one license type, a separate license application must be submitted for each license type.



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(Only for license applications submitted **before** November 7, 2024)

License applying for (select one **ONLY**):

- Limited HMO Articulating Boom Crane
 Limited HMO Mini Crane
 Limited HMO Telehandler

APPLICANT'S INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth (XX/XX/XXXX): _____

Telephone Number: _____ Email Address: _____

Home Address: _____ Street _____

City: _____ State: _____ Zip: _____

CERTIFICATION

It is unlawful to make a false statement to the Department; or to give a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly forming the job or in exchange for special consideration. Such actions are punishable by imprisonment, fine and/or loss of license.

I, _____, the applicant, certify that I understand that I am required to complete an 8-hour Hoisting Machine Operator Course and obtain the national certification required by 1 RCNY 104-09 and apply by November 6, 2024, to be considered for licensure under the alternative pathway. I certify that if I have not completed the required course and certification and submitted required documentation of such completion as part of my application for licensure by November 6, 2024, I will complete said course or national certification by May 6, 2025, and will submit the 8-hour HMO training course certificate and national certification card showing the appropriate certification by May 6, 2025, to the department via the DOB NOW: *Licensing* system. I understand that if I fail to do so by May 6, 2025, this will constitute grounds to reject my application for licensure. I certify that I have otherwise met all other requirements required for licensure by November 6, 2024. If my application is rejected, I understand that I will not be able to operate equipment for which a license is required unless I am supervised by another licensed HMO in accordance with the provisions of 1 RCNY 104-23, and that I will need to reapply for a licensure and meet the full training and experience requirements required by 1 RCNY 104-09.

Applicant's Name: _____
(Print)

Signature: _____

Date: ____ / ____ / ____

STATE OF _____)

COUNTY OF _____) SS.:

On the _____ day of _____ in the year _____, the above signatory, _____, personally known to me or proved to me on the basis of satisfactory evidence, personally appeared before me and subscribed his/her name to the above verification and, after being duly sworn upon his oath, says that the facts alleged in the foregoing verification are true.

(NOTARY PUBLIC)

Name: _____
(Print)

Signature: _____ Date: _____
PE/RA Seal (apply seal, then sign and date over seal)