

INSTRUCTIONS

- The original completed copy of the form must be submitted by the Applicant.
- All sections of the form **must be** completed by the **Applicant's Supervisor** (that is, the operator at the jobsite who supervised the applicant while the applicant was operating the equipment). The form **may not** be completed by an office manager or personnel/human resources employee.
- Every question in the form must be answered. Enter **N/A** (not applicable) when the question does not apply.
- Answers **must** be typed. Illegible entries will not be considered.
- The Applicant's background investigation will not commence until the form is submitted.
- Only experience documented in the form, or other forms accepted in accordance with the exceptions noted in first bullet point above, will be considered toward determining if the applicant satisfied the experience requirements of Article 405 of Title 28 of the New York City Administrative Code and Section 3319-01 of Title 1 of the Rules of the City of New York.
- The form may only cover one combination of employer and supervisor. If the applicant seeks to credit experience from multiple employers or supervisors, a separate form must be submitted for each unique combination of applicant employer and applicant supervisor.
- This form is used by **all** Hoisting Machine Operator applicants with the following exceptions:
 - Individuals who apply for a limited HMO license for an articulating boom crane, mini crane, or telehandler by November 6, 2024, do not need to complete or submit this form; their experience should be attested to in the [Limited HMO License Experience Affidavit \(pre-Nov 7, 2024\)](#).
 - Individuals who apply for a limited HMO license for an articulating boom crane, mini crane, or telehandler on or after November 7, 2024, do not need to list on this form experience operating an articulating boom crane, mini crane, or telehandler, respectively, in New York City on or before November 6, 2024; this experience should instead be attested to in the Limited HMO License Experience Affidavit (post Nov 6, 2024).
 - Experience attested to in the affidavit will be credited at a rate of 125 hours equaling 1 month towards the 2 years of experience required by 1 RCNY 104-09(a)(4)(ii). Applicants for an articulating boom crane, mini crane, or telehandler limited HMO license who submit one or more affidavits indicating at least 3,000 hours of experience operating an articulating boom crane, mini crane, or telehandler, respectively, in New York City on or before November 6, 2024, do not need to complete or submit the HMO Experience Verification Form. Individuals who affidavits indicate less than 3,000 hours of experience must document their remaining experience on the Experience Verification Form
 - For a Class A, B, C1, C2, or C3 HMO applicant: Individuals who apply for a Class A, B, C1, C2, or C3 HMO license may credit experience obtained on or before Nov 6, 2024, utilizing the prior version of experience verification form. [Hoisting Machine Operator Experience Verification Form](#) (Rev. 3/16).
- If applying for more than one license type, a separate license application must be submitted for each license type.
- Pages from the form may be duplicated, and as many additional pages may be attached as needed to complete the form.
- Applicant's name must appear on every page of the form and any additional attached pages.
- The form must be signed and notarized.

COVER PAGE

- **Applicant Name:** Enter the applicant's name.
- **Applicant's Supervisor:** Enter the name of individual who supervised the operator at the jobsite.
 - Supervision must have met the requirements of "direct supervision" as defined in [§28-401.3](#) of the New York City Administrative Code.
 - Where the qualifying experience was obtained in **New York City**, supervision must further have met the requirements specified in [1 RCNY §104-23](#) of the Rules of the City of New York. This includes the **Applicant's Supervisor** must have held a New York City HMO license that authorized the **Applicant's Supervisor** to operate the equipment operated by the **Applicant**. *(That is, for example, if the applicant operated a tower crane, the applicant's supervisor must have possessed an HMO B license, or an HMO A license with a tower crane NCCCO certification.)*
 - For HMO C or Limited HMO applicants, qualifying experience obtained **outside of New York City** may be self-supervised, provided the applicant was duly licensed or certified in the jurisdiction where the operation occurred and met the self-supervision provisions of [1 RCNY §104-09\(a\)\(4\)\(ii\)\(C\)](#) of the Rules of the City of New York. In such a scenario, the **Applicant** and the **Applicant's Supervisor** can be the same individual.
 - For an HMO B applicant, the 3 years of qualifying experience in New York City as a Class A HMO licensee operating mobile cranes with a manufacturer's rated capacity
 - 50 tons, or tower cranes, may be self-supervised.
- **Applicant's Employer:** Enter the name of the applicant's employer at the time of supervision.
- **License applying for:** Select the license class the applicant is applying for. Select only one option.

SECTION 1

- **Name:** Enter the Applicant's Supervisor's name.
- **Current Job Title:** Enter the Applicant's Supervisor's current job title.
- **Current Employer:** Enter the name of the Applicant's Supervisor current employer.
 - The applicant does not have to be employed by the applicant's supervisor.
 - The Applicant's Supervisor and the Applicant do not have to be employed by the same employer.
- **Current Telephone Number/ Current Email Address:** Enter the current contact phone number and email address for the Applicant's Supervisor.
- **Dates you Supervised the Applicant:** Enter the start date and end date of the Applicant's Supervisor's jobsite supervision of the applicant.
 - If there was a change in supervision, for example, you supervised the Applicant from January to May, and again from October to November, and someone else supervised the Applicant from May to October, separate forms must be submitted for each period, that is, for January to May, May to October, and October to November.
 - If the Applicant was employed by different employers during your period of supervision, for example, you supervised the individual from January to December, but from January to February the Applicant was employed by Employer 1; from February to June was employed by employer 2; and from June to December by Employer 1, separate forms must be submitted for each period, that is, for January to February, February to June, and June to December.
 - If both the Supervisor and Employer changed, separate forms must be submitted for each unique combination of Applicant Employer and Applicant Supervisor.

- **Job Title when Supervising the Applicant:** If the Applicant's Supervisor held a title or titles different from their current title when they were supervising the Applicant, enter that previous title or titles. If the Applicant's Supervisor's title was the same throughout the period of supervision as their current title, enter **N/A**.
- **Employer when Supervising the Applicant:** If the Applicant's Supervisor was employed by an entity different from their current employer throughout the period the supervisor was supervising the Applicant, enter the name or names of the different employer(s). If the employer of the applicant's supervisor was the same throughout the period the supervisor was supervising the Applicant, enter **N/A**.
 - The Applicant does not have to be employed by the Applicant's Supervisor.
 - The Applicant's Supervisor and the Applicant do not have to be employed by the same employer.
- **Are you currently a licensed New York City Hoisting Machine Operator:** Enter YES or NO.
 - If YES, the Applicant's Supervisor **must** enter the relevant information about their license.
- **Did you hold a different class...:** Enter NO if the Applicant's Supervisor current NYC HMO license class was the same throughout the period of supervision as their current HMO Class or enter NO if the Applicant's Supervisor never possessed a NYC HMO license. Enter YES if the Applicant's Supervisor possessed a different NYC HMO license class at any point during the period of supervision. This includes having held a NYC HMO license, but no longer currently holding a NYC HMO license.
 - If YES, the Applicant's Supervisor **must** enter the relevant information about their license.
- **Does this form seek to credit experience obtained outside of New York City:** If Section 3 of the form lists experience obtained outside of New York City, select YES. Otherwise, select NO.

*NOTE: Experience outside of New York City can only be credited for an HMO C or Limited HMO applicant. HMO A and B Applicants **must** select NO.*

- If YES, the Applicant's Supervisor **must** list relevant Hoisting Machine Operator licenses or certifications held during the time the supervisor supervised the Applicant in that jurisdiction.
 - Attach copies of listed relevant licenses or certifications.
 - *Relevant* means the license or certification necessary to satisfy the supervisory requirements of **1 RCNY §104-09(a)(4)(ii)(C)** of the Rules of the City of New York.

To credit experience obtained outside of New York City, the **Applicant's Supervisor** (this includes self-supervision by the **Applicant**), must be properly licensed or certified in the jurisdiction.

- If, for example, another jurisdiction requires a license to operate say a boom truck, to credit experience operating a boom truck in that jurisdiction, the Applicant's Supervisor **must** have held, at the time of supervision, the appropriate license issued by the jurisdiction.
- If the jurisdiction does not require a license, OSHA standards would apply, meaning, for example, if the jurisdiction does not require a license to operate say an articulating boom crane, to credit experience operating an articulating boom crane in that jurisdiction, the Applicant's Supervisor **must** have held, at the time of supervision, a national certification or an employer's certification that meets OSHA's standards for the operation of an articulating boom crane.

SECTION 2

- **Applicant's Name:** Enter the Applicant's name.
- **Applicant's Employer:** Enter the name of the Applicant's Employer at the time of supervision.

A **separate form** must be submitted for each unique combination of **Applicant Employer** and **Applicant Supervisor**. For example, if the Applicant had two different employers during the period you supervised them,

two separate forms, one detailing the information for the first employer, and other detailing the information for the second employer, must be submitted.

- **Applicant Employed by the Employer:** Enter the start date and end date of the applicant's employment by the employer. If the applicant is still employed by the employer, enter **N/A** for the end date.
 - If there was a change in employment, for example, from January to February the applicant was employed by Employer 1; from February to June was employed by Employer 2; and from June to December by Employer 1, **separate forms** must be submitted for each period, that is, for January to February, February to June, and June to December.
 - If both the supervisor and employer changed, **separate forms** must be submitted for each unique combination of **applicant employer** and **applicant supervisor**.
- **Employment: Full Time or Part Time:** Indicate if the employment status of the Applicant was full time or part time.
- **Applicant's Title(s):** Enter the title for the applicant during the period covered by the form. If the Applicant had multiple titles during the period, enter all the titles.
- **Please list all the Applicant's job duties while under your supervision:** The Applicant's Supervisor must **ONLY** list the jobs and duties the Applicant performed under the supervisor's supervision. The supervisor **must** not list jobs and duties performed by the applicant under someone else's supervision. The listing should specifically detail the duties performed by the applicant when operating the crane or derrick. The listing should also list any other non-operation duties performed by the applicant (for example, inspection and maintenance).
- **Was the applicant ever terminated...:** Indicate yes or no. If YES, the applicant's supervisor must provide an explanation.
- **Please state any and all reasons of which you are aware of why the Department should deny...:** The applicant's supervisor must indicate there is no reason to deny the applicant, or if there is a reason, to explain.
- **Additional Comments:** The applicant's supervisor may enter any additional comments regarding the Applicant. If the Applicant's Supervisor has no additional comments to make, enter N/A.

SECTION 3

- Duplicate and attach as many copies of the table as needed to capture all entries.
- A separate table entry is required if any of the following are true:
 - The jobsite location changes (*that is, the same crane/derrick moves to a new jobsite*)*
 - The crane/derrick changes (*that is, a different crane/derrick at the same jobsite is operated*)*
 - The supervisor changes (that is, a different person is supervising the applicant)

NOTE: This will also trigger the need to submit a separate form

- The employer of the applicant changes

NOTE: This will also trigger the need to submit a separate form

*However, provided the make and model of the crane remains the same, and the supervisor and employer remains the same, a single table entry can cover multiple jobsite locations, when:

- The crane is used for sign hanging operations - *or* - the crane is an articulating boom crane used to exclusively facilitate the delivery/retrieval of material to/from jobsites; and
- The experience was obtained completely within New York City - *or* - completely outside of New York City. (*separate entries are required to list experience obtained within New York City from that which was obtained outside of New York City*)

- **Address or Location:** Enter address of jobsite (*i.e.*, 280 Broadway, New York, NY, 10007).
 - When the jobsite does not have a street address (*i.e.*, waterfront work, roadwork, etc.), enter the most appropriate location information, such as Pier 84, Belt Parkway ¼ mile east of Exit 8, etc.)
 - *When recording experience subject to the asterisk(*) in the bullet point above, the address field need only list NYC for New York City, or for experience in the region around New York City, the counties where operated (*i.e.*, Bergen, Hudson, and Essex Counties, NJ, & Rockland County, NY), or for experience elsewhere in the United States, the relevant cities and/or counties (*i.e.*, Chicago, IL, Cook County, IL, & Lake County, IN)
 - REMINDER: Separate table entries are required to differentiate experience obtained within New York City from experience obtained outside of New York City (*i.e.*, no table entry should say NYC & Nassau County, NY, NYC & Westchester County, NY, etc.)
- **Start Date/End Date:** Specify the period that the Applicant's operation of the crane/derrick at the specified address/location was supervised by the supervisor. The date range entered in SECTION 3 does not have to match that entered in SECTION 2, but it must fall within the date range entered in SECTION 2 of the form.
- **Total Days Operated:** Enter the total number of days the applicant operated the crane/derrick during the date range indicated in the start date/end date period. Operation includes setting up the crane/derrick. Operation does not include driving the crane to or from the site. Operation does not include inspecting or performing maintenance work on the crane/derrick.
- **Total Number of Set-ups:** For a mobile crane, enter the total number of times the applicant set up the outriggers or stabilizers of the crane during the date range indicated in the start date/end date period. Enter **zero** or **N/A** if not applicable.
- **CN#/CD#:** Enter the CN# and/or CD# of the crane/derrick. Enter **N/A** if the device did not have a CN# or CD# at the time of operation.
- **Make and Model:** Enter the make and model information for the crane/derrick.
- **Maximum Rated Capacity:** Enter the maximum rated capacity (*as established by the manufacturer*) for the crane/derrick. Enter the values in US tons.
- **Device Type:** Select the appropriate device type.
*NOTE: select **mobile crane** for a telehandler.*
- **Carrier Type:** Select the appropriate carrier type. If a tower crane, derrick, or otherwise affixed to a structure, select **N/A**.
 - Experience operating a Wheel Mounted Telehandler (Fixed) does not qualify towards licensure as a New York City Hoisting Machine Operator. Experience on a Wheel Mounted Telehandler (Fixed) does not have to be recorded and should not be submitted.
 - For a Wheel Mounted Telehandler (Rotating), do not enter experience when the telehandler is configured as an aerial work platform, excavator, demolition grapppler, or tree trimmer. This experience does not qualify towards licensure as a New York City Hoisting Machine Operator. Such experience does not have to be recorded and should not be submitted.
- **Boom Length:** Enter the boom, jib, and total length of the boom/jib combination as the crane was configured during operation. Enter the values in feet and inches.
 - When multiple configurations or boom lengths were utilized during the date range specified, enter the maximum value operated.
- **Boom Type:** Select the appropriate boom type.
- **Questions:** If the operation met the conditions listed in the checkbox, select the checkbox.

- Experience not meeting one of the checkboxes (*such as operating a ship or barge crane, or a crane in a warehouse*) would not qualify towards licensure as a New York City Hoisting Machine Operator and does not have to be recorded and should not be submitted.
- **Names and Signatures:** The Applicant and supervisor must enter their name and sign the entry. The name of the Applicant's Employer must also be listed. The name of the employer and the supervisor **must** match that listed elsewhere in the form.

SECTION 4

- The Applicant's Supervisor **must** sign the certification statement. The signing **must** be witnessed by a notary public