



Lift Director
EXPERIENCE VERIFICATION FORM
(FORM MUST BE TYPEWRITTEN)

Applicant's Name: _____

Company Name: _____
(company where Applicant was supervised)

INSTRUCTIONS

PURPOSE

This form is to be used by applicants applying for a lift director registration and who wish to credit experience supervising rigging operations in New York City under the pathway established by **Section 28-424.3(2.2)** of the New York City Administrative Code ('Code').

APPLICANT INSTRUCTIONS

This form must be fully completed. Incomplete forms will not be accepted and may result in delay or disqualification for this license.

Please print your name and the name of the company for which you worked and give this form to each licensee or supervisor that you have worked for during the timeframe you are claiming as qualifying experience.

SUPERVISOR/LICENSEE INSTRUCTIONS

The above Applicant has applied to become registered as a **Lift Director** with the New York City Department of Buildings. The Applicant indicated in their application that they supervised rigging operations in New York City in accordance with Section 3316.9.1 of the New York City Building Code, while working for the above Company.

This form **must** be completed by an individual who supervised the applicant at the above Company and who that has personal knowledge of Applicant's duties, responsibilities, and functions at the company. If necessary, this form may be copied and completed by each supervisor the Applicant had at the company. The Supervisor **must** complete all portions of this verification form, **not the applicant**. Supervisors **must** put their initials on the bottom of each page.

Pursuant to Section 28-401.20 of the New York City Administrative Code ('Code'), any person, including any corporation, partnership, business, or other entity, issued a license or certificate of competence by the Department shall, pursuant to a request or order of the Commissioner or any other City agency or office, cooperate fully and completely with respect to any department or City agency or office of investigation. Evidence of cooperation shall include, but is not limited to, appearing before the Department or other City agency or office, **answering questions completely and accurately, and providing all requested documents**. Failure to comply with such request or order may subject such person to disciplinary measures authorized by law, including but not limited to **suspension or revocation of the license or certificate of competence**.

Please read and follow these directions before completing the form:

- All sections of this verification form must be completed, and the form must be signed and notarized. The form **may not** be signed by an Office Manager or Personnel/Human Resources employee. **Incomplete forms will not be accepted.**
- If the applicant is the owner or officer of the company, the applicant may sign as the supervisor. This includes scenarios where the applicant is self-employed. The Department may request records of ownership and incorporation to verify status as an owner or officer.
- Answer **EVERY** question or indicate **N/A** (not applicable) when the question does not apply to you or Applicant.
- If you supervised the Applicant at more than one company, please photocopy the blank verification form and fill out additional forms for each company.
- You may include additional information in the Comment Section, or you may attach additional pages if needed.
- Once completed, please give the **ORIGINAL** notarized verification form(s) to the Applicant.

NOTE: Failure to complete this form fully and accurately may result in the applicant's disqualification for licensure as a Lift Director.

SUPERVISOR'S INFORMATION

Name: _____ **Email:** _____ **Current Phone No.:** _____

Company/Firm Name: _____

Current Job Title: _____ **Title when supervising Applicant (if different):** _____

Applicant Name: _____

Supervisor's Initials: _____

APPLICANT'S EMPLOYMENT INFORMATION

Do you hold professional licenses, certifications, or registrations? YES NO

License Type & No.: _____ Issuing Agency: _____

License Type & No.: _____ Issuing Agency: _____

Applicant Employed From / / To / / Full Time Part Time
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

Dates you directly supervised the Applicant: From / / To / /
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

Applicant's Position/Title(s): _____

While under your direct supervision, was Applicant responsible for supervising rigging operations? YES NO

Please list ALL the Applicant's job duties while under your direct supervision: *(please use comment section if more room is needed)*

Please state any and all reasons of which are you aware why the New York City Department of Buildings should deny licensure to the Applicant as a New York City Lift Director. I do not know of any reasons.

ADDITIONAL COMMENTS

FORM ATTESTATION

NOTE: Below must be signed by the Supervisor, NOT THE APPLICANT.

I acknowledge that false statements made herein are punishable as a Class 'A' misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

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)

Applicant Name: _____

Supervisor's Initials: _____