



Lift Director  
**EXPERIENCE AFFIDAVIT**  
*(FORM MUST BE TYPEWRITTEN)*

Date: \_\_\_\_\_  
*(MM/DD/YYYY)*

Applicant Name: \_\_\_\_\_  
*(PLEASE PRINT)*

**PURPOSE**

This form is to be used by applicants applying for a Lift Director registration and who wish to credit previous experience serving as a Lift Director in New York City on or before December 31, 2024, under the pathway established by **Section 28-424.3(2.4)** of the New York City Administrative Code ('Code').

**INSTRUCTIONS**

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

- Applicant's name must appear on every page.
- All sections of this form must be completed.
- The form must be signed by the applicant.
- This form must be notarized.

**APPLICANT'S INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address/Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**APPLICANT'S EXPERIENCE INFORMATION**

Please complete the following chart describing the machinery for which you served as a Lift Director:

CRANE MODEL	CERTIFICATE OF ONSITE INSPECTION (CN) NO.	START DATE AS LIFT DIRECTOR	END DATE AS LIFT DIRECTOR	ADDRESS WHERE YOU SERVED AS LIFT DIRECTOR

Applicant's Name: \_\_\_\_\_

**ADDITIONAL COMMENTS**

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**FORM ATTESTATION**

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's Name: \_\_\_\_\_