



Site Safety Manager/Coordinator EXPERIENCE VERIFICATION FORM

Rev. 11/23

(FORM MUST BE TYPEWRITTEN)

Applicant's Name: _____

Company Name: _____
(company where Applicant was supervised)

INSTRUCTIONS

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.

NOTE: Only the worksites included in this affidavit will be considered

SUPERVISOR/LICENSEE INSTRUCTIONS

The above Applicant has applied to become certified as a **Site Safety Manager (SSM)** or **Coordinator (SSC)** with the New York City Department of Buildings. The Applicant indicated in their application that they worked under your supervision while working for the above Company.

This form **must** be completed by one of Applicant's supervisor(s) 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.
- 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.

Please note, your failure to complete this form fully and accurately may result in the applicant's disqualification for a site safety certification.

SUPERVISOR'S INFORMATION

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

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

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

License Type & No.: _____ Issuing Agency: _____

License Type & No.: _____ Issuing Agency: _____

Applicant Name: _____

Supervisor's Initials: _____

APPLICANT'S EMPLOYMENT INFORMATION

Company Name: _____ **Applicant's Position/Title(s):** _____

Type of work the company hired Applicant to perform at the work site:

Employment: Full Time Part Time

Applicant Employed From: _____ **To:** _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

If there were any breaks in the applicant's employment for which you directly supervised Applicant, please indicate below:

From: _____ **To:** _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

From: _____ **To:** _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

From: _____ **To:** _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

Did the Applicant serve in a supervisory role with the responsibility over workers engaged in construction or demolition work?
 YES NO

Approximately, how many individuals did Applicant supervise? _____ or N/A

Did the Applicant provide site safety oversight during construction or demolition work? YES NO

Please list Applicant's job title(s), dates held (MM/DD/YYYY) and daily duties. If Applicant had more job titles, please attach additional sheet(s) and/or use the comment section:

Job Title Applicant held at the work site: _____ **From:** _____ **To:** _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

Daily Duties: (Please provide a breakdown, in percentages that add up to 100%, of time the applicant spent on each duty. Attach additional sheets and/or use comment section if necessary.)

Job Title Applicant held at the work site: _____ **From:** _____ **To:** _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

Daily Duties: (Please provide a breakdown, in percentages that add up to 100%, of time the applicant spent on each duty. Attach additional sheets and/or use comment section if necessary.)

Applicant Name: _____

Supervisor's Initials: _____

Job Title Applicant held at the work site: _____ From: _____ To: _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

Daily Duties: (Please provide a breakdown, in percentages that add up to 100%, of time the applicant spent on each duty. Attach additional sheets and/or use comment section if necessary.)

PLEASE COMPLETE THIS SECTION IF THE APPLICANT IS APPLYING UNDER THE 18-MONTH ON-THE-JOB TRAINING PROGRAM

Did the Applicant complete an 18-month on-the-job training program? YES NO

Period of 18-month on-the-job program: From: _____ To: _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

a. Was the training performed under the direct and continuing supervision, daily on-site training, of a certified Site Safety Manager? YES NO

If YES, state the name and license number of supervising site safety manager: _____

b. Was the training program full-time (35-40 hours/week)? YES NO

c. Was the training program paid? YES NO

d. Did you supervise more than 2 trainees during this 18-month time frame? YES NO

If YES, how many? _____

e. Were dated and notarized monthly summaries, containing all required information, completed by the certified supervising site safety manager at the end of every month of the training program? YES NO

If YES, you **must attach** the original summaries with this verification. Please retain a copy of the summaries for your files.

f. Was the training program completed on major buildings in the City of New York, as defined by Chapter 33 of the NYC Building Code? YES NO

g. Did the training program include at least 4 months of training in soil or foundation work? YES NO

If YES, state: **DOB Job/Permit No.** _____ and **Period of Time** _____

h. Did the training program include at least 4 months of training in structural erection? YES NO

If YES, state: **DOB Job/Permit No.** _____ and **Period of Time** _____

Applicant Name: _____

Supervisor's Initials: _____

QUALIFYING MAJOR BUILDING* EXPERIENCE

Only major buildings in the City of New York will be considered. This page can be photocopied to submit additional projects.

INSTRUCTIONS

In the spaces provided, please list the timeframes and full address(es) of qualifying experience obtained by Applicant at major buildings **in the City of New York**. If site details listed below are not provided, the Applicant may be requested to provide approved plans for each project.

*A **major building** is defined as an existing or proposed building that is

- 10 or more stories
- 125 feet or more in height
- a building footprint of 100,000 square feet or more, regardless of height, or
- designated by the Commissioner.

From: _____ To: _____ DOB Job/Permit No. _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

Work Site Address: _____
(House No. & Street) City State Zip

Was the company that hired you the permit holder? YES NO

If NO, please explain and attach documentation that reflects the connection between you and/or your company and the permit holder.

From: _____ To: _____ DOB Job/Permit No. _____
(MM) (DD) (YYYY) (MM) (DD) (YYYY)

Work Site Address: _____
(House No. & Street) City State Zip

Was the company that hired you the permit holder? YES NO

If NO, please explain and attach documentation that reflects the connection between you and/or your company and the permit holder.

Was the applicant terminated, asked to resign, or subject to any disciplinary action while in your employ? YES NO

If YES, please explain in the Additional Comments section.

ADDITIONAL COMMENTS

Applicant Name: _____

Supervisor's Initials: _____

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: _____