



Concrete Safety Manager Experience Verification Form

Applicant Name: _____
(Print)

Business where applicant was employed: _____
(Print)

Instructions to Applicant

Please print your name and the name of the company for which you worked and give this form to **EACH** employer that you have worked for during the timeframe you are claiming as qualifying experience.

Instructions to Supervisor

The above Applicant has applied to become a Registered Concrete Safety Manager with the New York City Department of Buildings. The Applicant indicated in his or her application that he or she gained experience while working for the above business/firm.

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

- All sections of this verification form must be completed by the person whom is authorized by your employer to verify employee titles, duties and responsibilities. It **MAY NOT** be completed by an Office Manager or Personnel/Human Resources employee.
- The Employer Representative and **NOT THE APPLICANT** must complete all portions of this verification form. It must be signed and notarized.
- Answer every question or indicate "N/A" (not applicable) when the question does not apply to you.
- Once completed, please mail the original notarized verification form(s) to the applicant who will then submit the forms to the Department of Buildings.

YOUR FAILURE TO RESPOND **MAY RESULT IN THE APPLICANT'S DISQUALIFICATION** FOR THIS REGISTRATION.



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EMPLOYER REPRESENTATIVE INFORMATION:

Your name: _____

Your current job title: _____

Your current telephone number: _____ Fax number: _____

Your title when Applicant was employed by business (if different) _____

APPLICANT'S EMPLOYMENT INFORMATION:

Employed From: _____ To: _____ Full Time Part Time

Applicant's Position/Title(s): _____

Did the applicant work in concrete operations¹ while at this employer?
Yes No

Describe applicant's duties:

Did the Applicant work in concrete operations, where the concrete portion of the project(s) involved the placement of a minimum of two thousand (2,000) cubic yards of concrete?
Yes No

¹ 'Concrete Operations' as defined by section 3310.9 of the New York City Building Code "the pouring of concrete and the construction and stripping of concrete forms and related concrete activities pertaining to the duties." Pursuant to 1 RCNY section 3310-02(e), it does not include layout, surveying, crane jumping, temporary heating, electrical plumbing or mechanical work.



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For the time the Applicant was employed at this company, please provide the required information below.

Applicant's Title	Time Period	Volume of Concrete Placed (cubic yards)	Job Site Address

Applicant's Name _____

Employer Representative Initial here _____



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Additional Comments regarding Applicant's experience and ability:

Are you aware of any acts or omissions by the applicant that may reflect on the applicant's moral character? Yes No

Explain:

I have voluntarily provided the attached information on the verification form regarding this Applicant. I attest and affirm to the truthfulness of my statements and fully understand that any false statement or any material omission made in connection with this document is sufficient cause for The City of New York to deny the registration being sought by the applicant. I also understand and agree that that any false statement or any material omission made in connection with this document is sufficient cause for the City Of New York to invalidate, rescind or revoke any and all licenses and/or registrations that were issued to me under the jurisdiction of the NYC Department of Buildings. In addition, I understand that any such false submission may subject me to criminal charges, including, but not limited to, New York State Penal Law sections 175.35 (offering a false statement for filing) and 240.40 (sworn false statement) and/or title 18 U.S.C section 1001 (false or fraudulent statement), which may result in imprisonment, a fine, or both.

Print your name: _____

Your signature: _____ Date: _____

STATE OF _____)
COUNTY OF _____) SS:

On the _____ day of _____ in the year _____, the undersigned, _____, 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 affidavit are true.

(Notary Public)

Applicant's Name _____

Employer Representative Initial here _____