Supplemental Investigation Questionnaire for Hoist Machine Operator Class B

LICENSE AUTHORIZATION

This license authorizes a NYC licensee to take charge of or operate power operated hoisting machines used for hoisting purposes or cableways under the jurisdiction of the Department, including the operation of hoisting machinery without limitation or restriction.

QUALIFICATIONS

As of today, I have the following qualifications. Please check all that apply:

☐ I am at least eighteen (18) years old

☐ I am able to read and write the English language

☐ I am of good moral character

☐ I have a valid NCCCO Card, as per 1 RCNY 104-09.

☐ I hold a Class A hoisting machine operator license and have at least two (2) years' experience prior to the application date under the direct and continuing supervision of a Class B licensed hoisting machine operator, on equipment for which a Class B license is required.

In addition, as of today I have:

☐ Passed the required National Commission for the Certification of Crane Operators (NCCCO) written and practical examinations, and have the following NCCCO certifications:
  • Telescopic boom cranes (swing cab) (TLL)
  • Telescopic boom cranes (fixed cab) (TSS)
  • Lattice boom truck crane (LBT)
  • Lattice boom crawler crane (LBC)
  • Tower crane (TWR)

(*Refer to Rules of the City of New York 104-09 for additional information)*

I, _____, declare and acknowledge that the New York City Department of Buildings is allowing me to submit my documentation prior to their investigation of my fitness and qualifications for licensure. I fully understand that it is my responsibility to ensure that I have met the qualifications and specific requirements applicable to the particular license for which I am applying. I understand that by checking the boxes above I am agreeing to submit satisfactory proof establishing that I have met the applicable license requirements.

Name (print)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury	
	Day of _____ 20___	
Date	Notary Signature	