



Notification of Staging And Outrigger Beam Use By Special Riggers

File Representative - Last Name

Please file 3 copies
Application Must Be Typewritten

1. Location of Job		
Borough:	Block:	Lot:
House No.(s):	Street Name:	
Cross Street(s):	No. of Stories:	

2. Filing Representative Information		
Last Name:	First Name:	M.I.:
Registration No:	Email address:	
Business Name:	Business Telephone:	Fax:
Address:		
City:	State:	ZIP:

3. Special Rigger Information		
Last Name:	First Name:	M.I.:
License No.:	Email address:	
Business Name:	Business Telephone:	Fax:
Address:		
City:	State:	ZIP:

4. Owner or Managing Agent Information		
Last Name:	First Name:	M.I.:
License No.:	Email address:	
Business Name:	Business Telephone:	Fax:
Address:		
City:	State:	ZIP:

5. Job Information	
Description of Work to be Performed:	Date Submitted Stamp:
Expected Start Date:	
Approximate Duration of Job:	

6. Statement and Signatures		
<ul style="list-style-type: none"> I certify that the subject work and setup of equipment will be done under my supervision or under the supervision of _____ (Supervisor, foreman or Special Rigger) The work will be done in a safe and workman-like manner Falsification of any statement is a misdemeanor under Section 26-124 of the Administrative Code and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. 		
Name of Licensed Rigger (Please Print)	Signature of Licensed Rigger	Date:

For Internal Use Only		
Approved by Examiner:		Application No.
Signature of Examiner:	Date:	Expiration Date: