



**CD4: Tower & Mobile Crane / Derrick / Mast Climber / Pile Driver  
On-Site Inspection Application / Certificate**

*File 4 copies / Application must be typewritten*

CN Number: \_\_\_\_\_

<b>1A Application Type</b>	<b>1B Equipment Type</b>
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment	<input type="checkbox"/> Mobile Crane <input type="checkbox"/> Mobile Tower Crane <input type="checkbox"/> Fix / Climber Tower Crane <input type="checkbox"/> Derrick <input type="checkbox"/> Mast Climber <input type="checkbox"/> Pile Driver

<b>2 Location Information</b>		
Borough	Block	Lot
Address	Job Number	

3A Crane / Derrick / Mast Climber / Pile Driver Information			
	CD Number	Serial Number	Expiration Date
1			
2			
3			
4			
5			
6			

3B Configuration / Phase Information				
	Mast (ft)	Boom (ft)	Jib (ft)	Total (ft)
1				
2				
3				
4				
5				
6				

4 Applicant Information		
Name	E-Mail	
Title	Lic #	
Business Name		
Address		
City	State	Zip
Phone	Fax	

5 Equipment User Information		
Name	E-Mail	
Title	Company	
Address		
City	State	Zip
Phone	Fax	

6 Statement and Signature
<ul style="list-style-type: none"> <li>This On-Site Inspection Certificate will only be used for the tower &amp; mobile crane / derrick / mast climber / pile driver at the above mentioned site and conforms with approved plans.</li> <li>Falsification of any statement is a misdemeanor 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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.</li> </ul>

6A Applicant's Statement
<p>The applicant, having been authorized by the owner of the premises, building or structure, hereby makes application for the approval of the use of the tower &amp; mobile crane / derrick / mast climber / pile driver described above to be used to the above mentioned site in accordance with the accompanying plans and specifications.</p> <p>Name (please print) _____</p> <p>Signature _____ Date _____</p> <p><i>Seal (apply seal, then sign and date over seal)</i></p>

6B Equipment User's Statement
<p>I hereby state that the above equipment will not be used until a valid On-Site inspection is obtained.</p> <p>Signature _____ Date _____</p>

6D Mast Climber Supervisor's Statement
<p>I am a Professional Engineer or an experienced person qualified for the installation, dismantling, operation and maintenance of the equipment listed in section 3A above. I am aware that this equipment shall not be used as a personnel or material hoist. I will supervise the mast climber installation and operation for this project in accordance with NYC approved drawings, Manufacturer's recommendations and all applicable Federal, State and City laws, rules and regulations.</p> <p>Name _____ License Number _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>Signature _____ Date _____</p> <p><b>Additional Information:</b> _____</p>

6C Crane Safety Coordinator's Statement
<p>As a Professional Engineer or a person having at least five years of construction experience, I hereby certify that I will act as the designated safety coordinator and shall be responsible for the control of pedestrian and vehicular traffic within the designated hoist areas. I shall also supervise compliance with this On-site Inspection Certificate and its drawings.</p> <p>Name _____ License Number _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>Signature _____ Date _____</p>

Internal Use Only			
Date Received	Invoice/Receipt Number	Fee Paid	
Examiner's Name (please print)	Inspector's Name (please print)		Date
Signature	(Issuance) Date	Signature	Date
Expiration date	Badge Number		