CPA-1: Course Provider Application

(form must be typewritten)

1 APPLICATION TYPE

☐ New ☐ Annual Renewal ☐ Course Addition ☐ Information Update

2 COURSE PROVIDER CATEGORY

☐ ANSI Accredited ☐ Higher Education Institution ☐ Not-for-Profit ☐ Union

☐ NYC Department of Education & Government Agency ☐ NYS Education Department/Trade School

3 BUSINESS INFORMATION *(If a DBA is applicable, supporting documents must be submitted.)*

Legal Name of Business:

Business' Trade or Doing-Business-As (DBA) Name:

Business Address: Business Telephone:

City: State: Zip:

Email: Business Website:

4 APPLICANT INFORMATION

Last Name: First Name: Middle Name:

Social Security No: Date of Birth *(MM/DD/YY)*

Job Title: Mobile Telephone:

Home Address:

City: State: Zip:

Email:

5 POINT OF CONTACT INFORMATION *(If the individual is different from the applicant, fill out this section)*

Last Name: First Name: Middle Name:

Job Title: Mobile Telephone:

Home Address:

City: State: Zip:

Email:

6 DESIGNATED EMPLOYEES FOR TRAINING CONNECT ACCESS

FULL NAME	*EMAIL ADDRESS*

7 COURSES *(Use this section to select courses for which you are requesting approval, (P) in-person or (V) virtually.)*

P	V	Concrete Courses
☐	☐	30-Hour Concrete Safety Manager
☐	☐	8-Hour Concrete Safety Manager Refresher

P	V	Cranes & Derricks Courses
☐	☐	4-Hour Mast Climber User/Operator and Refresher
☐	☐	30-Hour Climber/Tower Crane Rigger
☐	☐	8-Hour Climber/Tower Crane Rigger Renewal
☐	☐	40-Hour Hoisting Machine Operator
☐	☐	8-Hour Hoisting Machine Operator Refresher
☐	☐	8-Hour Hoisting Machine Operator Class B Rating
☐		16-Hour Rigging Worker
☐		8-Hour Rigging Worker Refresher
☐		32-Hour Rigging Supervisor
☐	☐	16-Hour Rigging Supervisor Refresher
☐	☐	16-Hour Special Rigger
☐	☐	8-Hour Special Rigger Renewal
☐	☐	32-Hour Lift Director
☐	☐	8-Hour Lift Director Refresher

P	V	Electrical Course
☐	☐	8-Hour Master & Special Electrician Renewal

P	V	Plumbing Courses
☐	☐	7-Hour Master Plumber & Master Fire Suppression Piping Contractor Renewal
☐	☐	16-Hour Limited Gas Work Qualification
☐	☐	7-Hour Periodic Gas Piping Inspector Qualification

P	V	Safety Courses
☐	☐	40-Hour Site Safety
☐	☐	8-Hour Site Safety (License Requirement and SST)

P	V	Scaffold Courses
☐	☐	4-Hour Supported Scaffold User & Refresher (Scaffold Card and SST)
☐		32-Hour Supported Scaffold Installer & Remover
☐		8-Hour Supported Scaffold Installer & Remover Refresher
☐		32-Hour Suspended Scaffold Supervisor
☐		8-Hour Suspended Scaffold Supervisor Refresher
☐		16-Hour Suspended Scaffold User
☐		8-Hour Suspended Scaffold User Refresher

8 SITE SAFETY TRAINING (SST) COURSES

Use this section to select courses for which you are requesting approval. **(P)** in-person, **(V)** virtually or **(O)** on-demand.

NOTE: Non-for-Profits are only authorized to instruct SST Courses under LL219 of 2019.

P	V	O	SST General Elective Courses
☐	☐	☐	1-Hour Electrocution Prevention
☐	☐	☐	1-Hour Fire Protection and Prevention
☐	☐	☐	1-Hour First Aid and CPR
☐	☐	☐	1-Hour Handling Heavy Materials and Proper Lifting Techniques
☐	☐	☐	1-Hour Hoisting and Rigging
☐	☐	☐	1-Hour Materials Handling, Storage, Use and Disposal
☐	☐	☐	1-Hour Protection from Sun Exposure
☐	☐	☐	1-Hour Repetitive Motion Injuries
☐	☐	☐	1-Hour Stairways and Ladders
☐	☐	☐	1-Hour Tools Hand and Power

P	V	O	SST Specialized Elective Courses
☐	☐	☐	1-Hour Asbestos/Lead Awareness
☐	☐	☐	1-Hour Concrete and Masonry Construction
☐	☐	☐	1-Hour Confined Space Entry
☐	☐	☐	1-Hour Cranes, Derricks, Hoists, Elevators and Conveyors
☐	☐	☐	1-Hour Demolition Safety
☐	☐	☐	1-Hour Ergonomics
☐	☐	☐	1-Hour Excavations
☐	☐	☐	1-Hour Flag Person
☐	☐	☐	1-Hour Health & Safety Programs in Construction
☐	☐	☐	1-Hour Job Hazard Analysis

P	V	O	SST Prescribed Courses
☐	☐	☐	2-Hour Drug and Alcohol Awareness
☐	☐	☐	2-Hour Pre-Task Meeting
☐	☐	☐	2-Hour Site Safety Plan (SSP)
☐	☐	☐	2-Hour Toolbox Talks
☐	☐	☐	4-Hour Supported Scaffold User and Refresher *(SST only)*
☐	☐	☐	4-Hour Fall Prevention
☐	☐	☐	8-Hour Fall Prevention
☐	☐	☐	8-Hour Site Safety *(SST Only)*

P	V	O	SST Specialized Elective Courses *(cont.)*
☐	☐	☐	1-Hour Personnel Lifts: Aerial Lifts, Scissor Lifts & Mobile Scaffolds
☐	☐	☐	1-Hour Motor Vehicles, Mechanized Equipment and Marine Operations; Rollover Protective Structures and Overhead Protection; and Signs, Signals and Barricades
☐	☐	☐	1-Hour Risk Assessment & Accident Investigation
☐	☐	☐	1-Hour Scaffolds-Suspended
☐	☐	☐	1-Hour Steel Erection
☐	☐	☐	1-Hour Welding and Cutting
☐	☐	☐	2.50-Hour Foundations for Safety Leadership

9 LICENSING HISTORY

List all licenses, certifications, or registrations issued to applicant, by any City or State.

NAME	TYPE	LIC/CERT/REG NO.	CURRENT STATUS	EXP. DATE

If you answer **YES** to any of the following questions, please indicate the type of license/certification/registration with additional details in **Section 10: COMMENTS**.

☐ YES ■ NO Have any licenses or privileges granted to you or your associated business(es) by the NYC Department of Buildings or any other government entity ever been rescinded, revoked, surrendered, suspended, otherwise disciplined?

☐ YES ■ NO Have any license application(s) ever been denied to you by the Department of Buildings or any other government entity?

10 COMMENTS

11 CONVICTIONS & FINES FOR APPLICANT

If you answer **YES** to any of the following questions, you **must** complete and attach form **LIC34**.

☐ YES ☐ NO Have you ever been convicted or pled guilty to an offense anywhere? *An offense is defined as a violation, misdemeanor or felony.* For renewal applicants, were you convicted since your last renewal?

☐ YES ☐ NO Do you owe any penalties to the City of New York? DO NOT INCLUDE PARKING FINES

☐ YES ☐ NO Does any company or business you have been associated with under your Department-issued license owe any fines, penalties or fees to the City of New York that were incurred during your association with that company or business?

12 COURSE PROVIDER STATEMENT & SIGNATURES

As a condition of being granted a license, I attest that I comply with all New York City Administrative Code and Department rules, regulations, and directives governing how licensees conduct their specific trade. I understand it is unlawful to make a false statement to the Department; or 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. Such actions are punishable by imprisonment, fine and/or loss of license. In the event of an accident that involves my actions undertaken in connection with my license, I understand that the Administrative Code requires that I cooperate with any investigation and that failure to do so may result in immediate suspension, revocation or other disciplinary action.

I understand that course instructors must be credentialed or trained in instructional methods, and knowledgeable in the subject matter being taught. Additionally, if to the extent that the course instructor(s) holds, or has held, a trade license issued by the Department, it must be in good standing and not have been suspended by, surrendered to, or revoked by the Department.

I hereby state that as a condition to having the checked course(s) approved, I attest that as the course provider, I must comply with 1 RCNY105-03, all applicable laws, Department rules, regulations and directives governing Department approved courses. I will ensure that any of the checked courses required will be taught in accordance with the most current NYC DOB Department approved course requirements as posted on the Department's website. I understand that any code or rule violations including failure to adhere to approved course requirements may result in the Department's revocation of its approval for any and all courses.

NOTICE: Once approved, you will receive an approval letter, be posted on the Department-approved Course Providers List, and receive access to NYCDOB Training Connect.

<table>
<tr><td>Applicant's Name (print)</td><td>Notarization
State of New York, County of:</td><td rowspan="4">Notary Seal</td></tr>
<tr><td rowspan="2">Signature</td><td>Sworn to or affirmed under penalty of perjury</td></tr>
<tr><td>day of 20</td></tr>
<tr><td>Date</td><td>Notary Signature</td></tr>
</table>

FOR INTERNAL USE ONLY		
Date Received:	Fee Paid: $	Date Finalized:
Reviewed by:	☐ Approved ☐ Denied	
Tracking No.:	Transaction Type:	