



THE CITY OF NEW YORK
BUSINESS INTEGRITY COMMISSION
100 CHURCH STREET, 20TH FLOOR
NEW YORK, NEW YORK 10007

CLASS B PHOTO IDENTIFICATION APPLICATION

-----OFFICE USE ONLY-----

APPLICATION #: _____ DATE RECEIVED: _____

ACCESS CARD CONTROL #: _____ RECEIVED BY: _____

*1. Name of the applicant (first, middle, and last), include maiden name where applicable:

*2. List all aliases, nicknames, maiden name, or any other name(s) or name changes, legal or otherwise.

*3. Home Address: _____

*4. Date of Birth: _____ *5. Social Security Number: _____

*6. Home telephone number(s): _____ *7. Cellular Number: _____

8. Pager No. _____ 9. Home Fax No. _____

*10. E-mail Address: _____

11. Name of the applicant's employer:

*** (Asterisk) denotes material information on the application. Any material change in the information shall be reported to the Business Integrity Commission, in a notarized writing, within thirty (30) calendar days thereof.**

Tax ID or SSN: _____

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12. Position with the employer:

_____ Since (date)

13. MARITAL INFORMATION

Single ____ Married ____ Separated ____ Divorced ____ Widowed ____

A. Current Marriage

Date of Marriage: _____ Place of Marriage: _____
(City, County, State)

Spouse's Full Name (First, Middle, Last, including Maiden Name):

Spouse's Date of Birth: _____ Spouse's Social Security Number: _____

Spouse's Home Address (if different): _____

Spouse's Home Telephone No: _____ Work Telephone No.: _____

B. Previous Marriages

If you have ever been legally separated, divorced, or had a marriage annulled, indicate below.

Full Name of Former Spouse	Date of Birth of Former Spouse	Date of Marriage	Date of Annulment, Separation, or Divorce	Present Address of Former Spouse

Tax ID or SSN: _____

15. **EMPLOYMENT.** Beginning with your current employment, list your complete work history for the last 10 years.

Dates (From MM/YR to MM/YR)	Name, Address & Telephone Number of Employer	Title or Position Held and Brief Description of Duties	Name of Supervisor	Reason for Leaving

Tax ID or SSN: _____

16. Have you ever been fired, asked to resign, or terminated for cause by an employer?

_____ Yes _____ No

If "yes," provide the information below.

Name and Address of Employer	Dates of Action	Action Taken	Reason

*17. Have you ever applied to a governmental agency for any license, registration, permit, or certificate requiring approval by the agency (including driver's license)?

_____ Yes _____ No

If "Yes," provide the following information.

Type of License, Registration, Permit, or Certificate Applied and Date Applied	Name of Agency	Disposition of Application (Approved, Denied, Revoked, Suspended)	Status (Current, Expired, Revoked, Suspended)

*19. Do you or your spouse have any motor vehicles registered in your name?

_____ Yes _____ No

If "Yes," provide the following information.

Make	Year	License Plate Number and State	Address at Which Vehicle is Registered

CERTIFICATION

This certification must be completed by the applicant before a notary public.

ANY MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OR REVOCATION OF A CLASS A OR CLASS B PHOTO IDENTIFICATION, THEREBY PRECLUDING THE APPLICANT FROM EMPLOYMENT IN THE CITY'S PUBLIC WHOLESALE MARKET. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, _____, being duly sworn, state: that
(Applicant Name)

I have read and understood the questions contained in the attached application and its attachments, which consists of _____ pages; and to the best of my knowledge the information given in response to each question and in the attachment is full, complete and truthful; that the New York City Business Integrity Commission and the New York City Department of Investigation may, by any means they or each of them deem appropriate, determine the accuracy and truth of the statements made in this application; and that all the information submitted is for the express purpose of inducing the Business Integrity Commission to issue the applicant a Class A or Class B Photo Identification to work in the City's public wholesale markets.

(Signature of Applicant)

Sworn to before me

this _____ day of _____, 20_____

Notary Public

RELEASE AUTHORIZATION

I, _____, am over the age of 21.

I have authorized the New York City Business Integrity Commission (“Commission”) to conduct an investigation into my background for the purpose of determining whether the applicant meets the integrity standards set forth in Local Law 28 of 1997 and Local Law 50 of 1997 of the City of New York.

I hereby authorize any and all of the entities and individuals described below to release to the Commission any and all information, documentary or otherwise, pertaining to the applicant as may be requested by the Commission. Any such information may be requested by and released to any employee, agent or representative of the Commission.

I hereby authorize the release of any such information by any federal, state, local, or foreign government or agency, any private organization or entity, and/or any individual in his or her personal or professional capacity. These entities and individuals include, but are not limited to, accountants, attorneys, banks, bookkeepers, common carriers, courts, credit reporting companies, data systems management companies, educational institutions, employee benefits managers, employees of the applicant, employers of the applicant's principal(s), financial institutions, internet service providers, investigative firms, investment firms, labor unions, law enforcement agencies, media companies, motor vehicle departments, pension funds, probation departments, selective service boards, taxing authorities, telecommunications companies and utilities.

This release shall apply to any such entities and individuals wherever they may be located, within or without the City of New York, State of New York, or United States of America. They may convey information in whatever form and by whatever means requested by the Commission, whether by telephone, fax, mail, computer media or by any other means.

This release authorization is effective for a period of five years as of the date set forth below. A photocopy or fax of this authorization will be construed as valid as though it were the original.

In connection with the release of information pursuant to this authorization, I hereby waive the benefit of any confidentiality agreement and of any privileges pertaining to confidentiality and any rights to privacy that may be accorded by federal, state or local law.

NOTICE TO ENTITIES AND INDIVIDUALS RELEASING INFORMATION: I hereby waive any right to be notified when an entity or individual releases information pursuant to this authorization and hereby authorizes the Commission to direct any such entity or individual not to provide such notification

Sworn to before me

(Signature of Applicant)

This _____ day of _____, 20 ____

By: _____
(If corporation or partnership, state title)

Notary Public

3/06

Tax ID or SSN: _____