New York Waterfront Commission
39 Broadway - 4th Floor
New York, NY 10006

Prequalification Request - Supplemental Application

Instructions

This form will convert a Prequalification Request to an Application. For deep-sea applicants, the Longshoremen's Register must be open. Applicants must be sponsored and eligible to apply pursuant to a determination or resolution. The Verification below shall apply to all prior Prequalification Request statements and responses.

(For Office Use Only)

Date of Prequal Request: _____

Prequalified: ☐ YES ☐ NO

Determination/Resolution: _____

1. Name _____, _____ _____
   Last Name *First Name* *Middle Initial*

2. Home Address _____
   Number *Street* *City* *State* *Zip Code*

3. Home Telephone Number _____ Cell Phone Number _____

4. List any new employment since the date of your Prequalification Request:

5. Since the date of your Prequalification Request, have you been arrested, charged, or convicted of any crime or offense? DO NOT include any offense/incident that is sealed, resolved in your favor, or that was successfully adjourned in contemplation of dismissal of youthful offender adjudication. ☐ YES ☐ NO
   If YES, explain:

6. Excluding marijuana, do you use narcotic or hallucinogenic drugs or other controlled substances (including, but not limited to cocaine, heroin, opium, morphine, methadone, LSD, barbiturates, Ecstasy, or amphetamines)? ☐ YES ☐ NO
   If YES, explain:

I have supplied true and and complete information in response to each question to the best of my knowledge, information and belief. I understand that intentionally providing any false answer, or failing to include required information, constitutes a crime and may also be the basis for a denial of this Application.

_____
Signature of Applicant

VERIFICATION

State of _____)
) SS.: _____
County of _____)

I, _____ being duly sworn according to law, on my oath depose and say: that I have read and signed the foregoing Application, and that the statements contained therein are true to my own knowledge.

_____
Signature of Applicant

Sworn to and subscribed before me

This _____ day of _____, 20 _____

_____
Signature of Notary or Officer Administering Oath