

## The City of New York BUSINESS INTEGRITY COMMISSION

100 Church Street · 20th Floor New York · New York 10007 Tel. (212) 437-0500 · Fax (646) 500-7096 www.nyc.gov/bic Licensing@bic.nyc.gov

## **NEW EMPLOYEE/DRIVER FORM**

Specialist Name:			Date Received:					
Company Name:			BIC#:					
	ress, e-mail ad	ldress, or fax	number. If y	mplete this form and you e-mail or fax this	completed			
Name (First, Middle, Last)	Residence Address	DOB	Home Phone Number	Position/Title	Hrs. Worked Per Week	SSN	Date Hired	
		EHICLES -		vide a clear copy of	each opera	ntor's driv	er's license.	
Name (First, Middle & Last)		DOB	State Issuing License	Driver's License Number	Class		Expiration Date	
, ,				lication. Any chang notarized writing, v	_			
Sworn to before me	e							
this day of		, 2	20	(Signa	(Signature of Principal)			
Notary Public				(Print Name)				