

## 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**

				OFFICI	E USE ONL	Υ				
pecialist Name:						Date Received:				
ompany Name:_										
o report new empove mailing add nailed to the BIC.	ress, e-m	ail address	, or fax nı	ımber. I	f you e-ma	il or fax this	completed f	the Licer form, the	nsing Unit at original must	
Name (First, Middle, Last)	*NEW Residence Address		EMPLO DOB	YEES ( Hom Phon Num	e Po	CANT BUSI osition/Title	NESS Hrs. Worked Per Wk	SSN	Date Hired	
*NEW OPERATORS OF VEH Note: For all vehicle operators whose riving record (abstract) from the stat Name (First, Middle & DOB Last)		ors whose on the state	driver's licenses ar							
(Asterisk) deno eported to the E hange.										
worn to before m	e									
is	_day of _		, 20			(Signat	ture of Princ	cipal)		