



**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

## **INSTRUCTIONS**

### **CLASS A PHOTO IDENTIFICATION APPLICATION**

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**PLEASE READ THESE INSTRUCTIONS AND ALL QUESTIONS CAREFULLY  
AS THE APPLICATION HAS RECENTLY BEEN REVISED**

Attached is the application for a Class A photo identification card. All questions must be answered completely. If a question is not applicable, write "not applicable" or "N.A." Applications that have not been completed properly will not be accepted and will be returned to the applicant without being processed. An application returned as incomplete will not be deemed submitted.

### **DOCUMENTS TO BE SUBMITTED**

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In addition to the application form, a number of documents must be submitted to the Commission in order for the application to be considered.

- Class A Photo Identification Application Notarized Certification, signed and notarized
- Notarized Release, signed and notarized
- Blank Access Control Card must be obtained before submitting your application for processing. This Blank Access Control Card must be submitted with the application for processing. Blank Access Control Cards may be obtained through your employer.
- Check or money order for the photo identification card application fee of one hundred and fifty dollars (\$150) and for the application background investigation fee of two hundred dollars (\$200). A separate check or money order must be submitted made **payable to the "New York City Business Integrity Commission."**

- A fingerprint fee of \$99.00 (Ninety Five dollars) is required at the time of fingerprinting. Notifications will be mailed with information on how and where to schedule a fingerprint appointment.
- Proof of Residence – Copy of a utility bill (telephone/gas/electric), current lease agreement, or current mortgage payment. Note: If the utility bill is not under applicant's name, a notarized statement from the person whose name appears on the bill is required, indicating the applicant resides at the address.
- For each individual employed as a Driver, please provide a clear copy of your driver's license. For all drivers whose driver's licenses are not issued by New York State, you must provide an official driving record (abstract) from the state of issuance.

**Along with any one of the following documents:**

- State Driver's License and/or a Non-Driver's License
- Birth Certificate
- Marriage Certificate or court documents (original), if the name is different from what is on the Birth Certificate
- Military Discharge documents (DD Form 214)
- Naturalization Certificate or Passport

**ALL FEES ARE NON-REFUNDABLE**

**THE APPLICANT MUST SUBMIT AN ORIGINAL PLUS ONE COPY OF THE APPLICATION AND ALL DOCUMENTS.**

**APPLICATIONS SUBMITTED INCOMPLETE WILL NOT BE PROCESSED AND WILL BE RETURNED TO APPLICANT.**

**NOTE: REQUEST(S) TO WITHDRAW AN APPLICATION WILL BE EVALUATED ON A CASE BY CASE BASIS AND WILL NOT NECESSARILY BE APPROVED.**

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**All applications may be submitted in person or via BIC market agent to:**

**NYC Business Integrity Commission  
100 Church Street, 20<sup>th</sup> Floor  
New York, 10007**

**If you have any questions about this application, please call 212-437-0555.**



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**CLASS A**  
**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 ten (10) calendar days thereof.**

Tax ID or SSN: \_\_\_\_\_

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12. Position with the employer:

Start (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: \_\_\_\_\_

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14. **RESIDENCES.** List all residences, including vacation homes, that you have had for the last five (5) years.

[illegible]

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

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

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. **BUSINESS VENTURES.** List all corporations, partnerships or any other business ventures with which you have been associated as an officer, stockholder, principal, owner, or related capacity. (Do not include owning shares in a publicly traded corporation.)

Dates (From MM/YR to MM/YR)	Name, Address & Telephone Number of Company	Title or Position Held and Brief Description of Duties	If ownership, state percentage of ownership	Reason for Leaving

Tax ID or SSN: \_\_\_\_\_

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\*18. Have you ever applied to a governmental agency for any license, registration, permit, or certificate requiring approval by the agency?

\_\_\_\_\_ 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(es) your spouse, child(ren), grandchild(ren), or parent(s) have any ownership interest or financial investment in any wholesale business, market business, seafood delivery business, wholesale seafood business, or loading or unloading business which is applying to, or has been registered by, the New York City Business Integrity Commission and/or previously by the New York City Department of Business Services?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If “Yes,” provide the following information.

Name of Person	Name and Address of Business	Nature and Amount of Investment or Interest	Percentage ownership in the business	Date of ownership

Tax ID or SSN: \_\_\_\_\_

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## CRIMINAL, ADMINISTRATIVE AND INVESTIGATIVE HISTORY

\*20. Have you ever been convicted of any criminal offense in any jurisdiction?

\_\_\_\_\_ Yes \_\_\_\_\_ No

In answering this question, **DO NOT** include information regarding any criminal action or proceeding against the applicant business, any current principal of the applicant business, or any past principal of the applicant business that was followed by a termination in favor of that person or business pursuant to New York Criminal Procedure Law § 160.50, by a youthful offender adjudication pursuant to New York Criminal Procedure Law § 720.35, by a conviction for a violation sealed pursuant to New York Criminal Procedure Law § 160.55, or by a conviction sealed pursuant to New York Criminal Procedure Law § 160.58 (conditional sealing of certain controlled substance, marihuana, or specified offenses).

If “Yes,” provide the details below. **(It is not necessary to provide information relating exclusively to traffic violations.)**

Date of Arrest	Date of Conviction	Indictment or Index No.	Charges and Sentence	Court and Jurisdiction

\*21. Are there any criminal charges pending against you in any jurisdiction?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If “Yes,” provide the details below. **(It is not necessary to provide information relating exclusively to traffic violations.)**

Date of Arrest	Indictment or Index No.	Charges	Status	Court and Jurisdiction

\*22. Are there any civil actions pending against you in any jurisdiction?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," provide the details below.

Docket or Case No. and Date	Charge	Status	Court and Jurisdiction

23. During the past five (5) years, have you ever been:

a. been the subject, party, or target of any criminal or civil investigation by a federal, state or local prosecutorial agency, investigative agency, regulatory agency, or committee?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**NOTE:** In answering question 23(a), **DO NOT** include information regarding any criminal action or proceeding against the applicant business, any current principal of the applicant business, or any past principal of the applicant business that was followed by a termination in favor of that person or business pursuant to New York Criminal Procedure Law § 160.50, by a youthful offender adjudication pursuant to New York Criminal Procedure Law § 720.35, by a conviction for a violation sealed pursuant to New York Criminal Procedure Law § 160.55, or by a conviction sealed pursuant to New York Criminal Procedure Law § 160.58 (conditional sealing of certain controlled substance, marihuana, or specified offenses.)

b. received a subpoena or been asked to testify before any court, grand jury, or legislative, civil, criminal or administrative body?

\_\_\_\_\_ Yes \_\_\_\_\_ No

c. received a subpoena requiring the production of documents in connection with a federal, state or local investigation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "yes" to any of the questions 23(a) - (c) above, provide the following details.

Name and Address of Court or Agency	Nature of Proceedings or Investigation	Was Testimony Given?	Date on Which Testimony was Given	Date of Investigation

Tax ID or SSN: \_\_\_\_\_

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24. During the past ten (10) years have you:

a. been cited for contempt of any court, grand jury, or legislative, civil, criminal or administrative body?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

b. entered a plea of nolo contendere, judicial consent decree, administrative order on consent or similar agreement, or been the subject of a default decree, receivership or any form of independent monitoring?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

c. been subject to an injunction in any judicial action or proceeding ?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

d. been granted immunity from prosecution for any conduct constituting a crime under state or federal law?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

e. refused to testify or answer any question in any criminal, civil or administrative proceeding?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

f. been the subject of administrative charges for which the potential sanction was suspension or revocation of a license, permit or registration or a fine, penalty or settlement of \$5,000 or more?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "yes" to any of the questions 24(a) - (f) above, provide the following details.

<b>Name and Address of Court or Agency or Name of Monitor</b>	<b>Nature of Proceedings, Investigation, or Monitorship</b>	<b>Was Testimony Given?</b>	<b>Date on Which Testimony was Given</b>	<b>Date of Investigation, Consent Decree or Monitorship</b>

Tax ID or SSN: \_\_\_\_\_

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25. Have you ever engaged in, or under your supervision, knowingly permitted to occur any of the following:

a. filed with a government agency or submitted to a government employee, in any jurisdiction, any document which you knew contained a false statement or false information?

\_\_\_\_\_ Yes \_\_\_\_\_ No

b. falsified the records of any business or enterprise of any kind?

\_\_\_\_\_ Yes \_\_\_\_\_ No

c. given, or offered to give, money or any other benefit to a labor official with intent to influence that labor official with respect to any of his or her official acts, duties or decisions as a labor official?

\_\_\_\_\_ Yes \_\_\_\_\_ No

d. given any money or thing of value to a labor union or labor official or representative that was not expressly permitted by section (c) of the Taft-Hartley Act, 29 U.S.C. Section 186?

\_\_\_\_\_ Yes \_\_\_\_\_ No

e. given, or offered to give, money or any other benefit to a public servant with intent to influence that public servant with respect to any of his or her official acts, duties or decisions?

\_\_\_\_\_ Yes \_\_\_\_\_ No

f. given, or offered to give, money or other benefit to an official or employee of a private business with intent to induce that official or employee to engage in illegal business practices?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "yes" to any of the questions 25(a) - (f) above, provide the following details.

<b>Name of the Union or Agency Involved</b>	<b>Name of the Union or Public Official Involved</b>	<b>Date of Occurrence</b>	<b>Amount of Money Involved</b>	<b>Document Involved</b>

26. Have you ever been subject to any investigation by a municipal, state or federal agency of any alleged violation of civil law involving racketeering or the potential forfeiture of any asset?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "Yes," provide the following details.

Agency or Court	Nature of Investigation or Charges	Indictment, Docket, or Index No.	Status

\*27. Have you ever applied for any pistol or firearm permit, firearm dealer's license, or permit to carry a pistol or firearm in any jurisdiction?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "Yes," provide the following details.

Date of Application	Type of Application	Place Filed and Issuing Agency or Department	Type of Firearm	Reason for Application	Disposition (If Granted, provide Number)	Reason for Denial (if applicable)	Status of Permit

\*28. Do you possess or own any firearm?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "Yes," provide the following details.

Type of Firearm	Owned Since	Serial Number

\*29. Do you know or have you ever knowingly been associated with, socially or professionally, any person known by you to be convicted of a felony or having ties with organized crime?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," explain:

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## FINANCIAL INFORMATION

30. **Real Property.** List below each direct or indirect interest in real property currently held by you and/or your spouse. If none, state "none."

Address	Person or Entity From Whom Acquired	Co-Owners & Addresses	Approximate Purchase or Rental Cost	Approximate Current Value

31. **Loans Owed to Applicant.** List below all loans made or notes held by you or your spouse in excess of \$5,000 which are currently outstanding. (This refers to monies that are owed to you or your spouse.) If none, state "none."

Name and Address of Debtor	Original Amount & Date of Loan	Terms of Loan & Security, if any	Approximate Balance Outstanding

32. **Loans Owed By the Applicant.** List each creditor to whom either you or your spouse are indebted, including but not limited to loans, lines of credit, mortgages on real property, co-op loans, secured or unsecured debts or obligations made, guaranteed or co-signed by either you or your spouse, in an amount of \$5,000 or more. If none, state "none."

NAME AND ADDRESS OF CREDITOR	ACCOUNT NO.	AMOUNT OF INDEBTEDNESS	MATURITY DATE	TERMS OF REPAYMENT	NAME & PHONE # OF LOAN OFFICER

33. Identify all persons or entities from whom you or your spouse has received gifts valued at \$1,000 or more during the past three (3) years. If none, state "none."

Source of Gift, Including Name and Address	Recipient	Relationship of Source of Gift to Applicant	Nature and Amount of Gift	Date of Gift

34. List all persons or entities to whom/which you or your spouse have given gifts valued at \$1,000 or more during the past three (3) years. If none, state "none."

Recipient	Relationship of Recipient to Applicant	Nature and Amount of Gift	Date of Gift

Tax ID or SSN: \_\_\_\_\_

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\*35. Have you filed all required tax returns by the due date or within a properly obtained extension period for each of the past 3 years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If “no,” provide the following information:

- a. The year(s) in which you did not file by the due date or a properly obtained extension, the type of return involved, and whether the delayed filing relates to Federal, State or Local tax returns.

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- b. Your address during the year(s) in question.

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- c. The date(s) when you filed the late return(s).

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- d. The reason(s) for the late or non-filing.

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- e. The amount, if any, of penalty assessed for the year(s) in question.

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\*36. Have you paid all federal, state and local income and business taxes for which you were liable for the three (3) years preceding the date this application is submitted?

If “no,” explain why not. **(If you are contesting such taxes in a pending judicial or administrative proceeding, please attach the relevant documentation.)**

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37. **Tax Liens.** List below any tax liens entered against you or your spouse by any tax authority. If none, state "none."

Name of Tax Lien Debtor	Name of Tax Authority	Original Amount of Tax Lien	Date Lien Entered & Docket No.	Amount Outstanding

38. List below any monies currently owed by you or your spouse to tax authorities. Indicate the status of the matter (i.e., the date by which you will make payment, whether the tax authorities have instituted proceedings against you, etc.). If none, state "none."

Name	Name of Tax Authority	Date	Amount	Status

39. Have you ever been refused a bond or surety?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the information requested below.

Agency	Date	Reason

## **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 18.

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

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Signature of Applicant)

By:

\_\_\_\_\_  
(If corporation or partnership, state title)