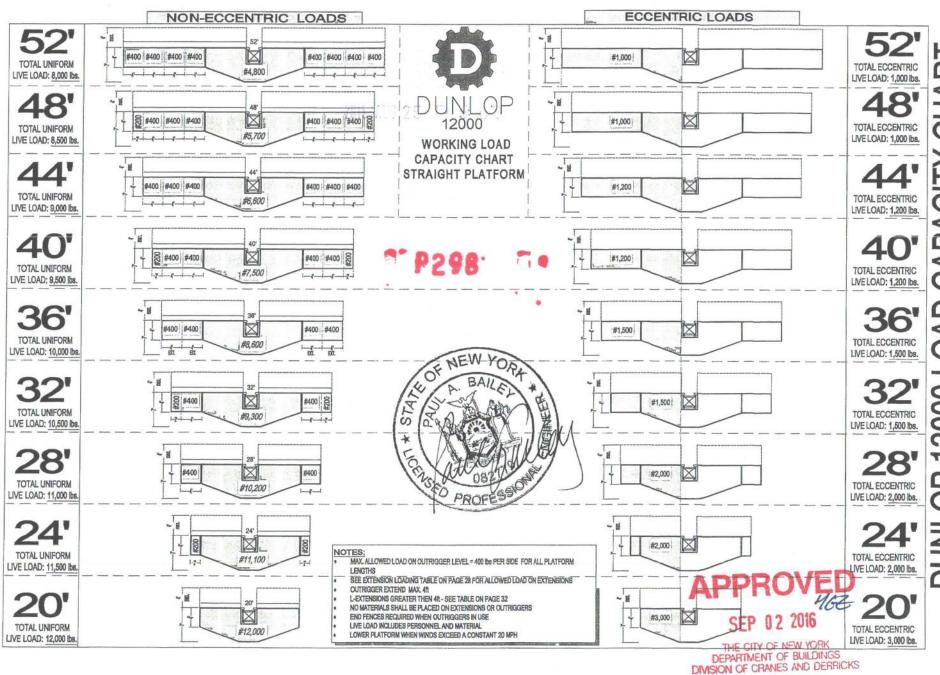
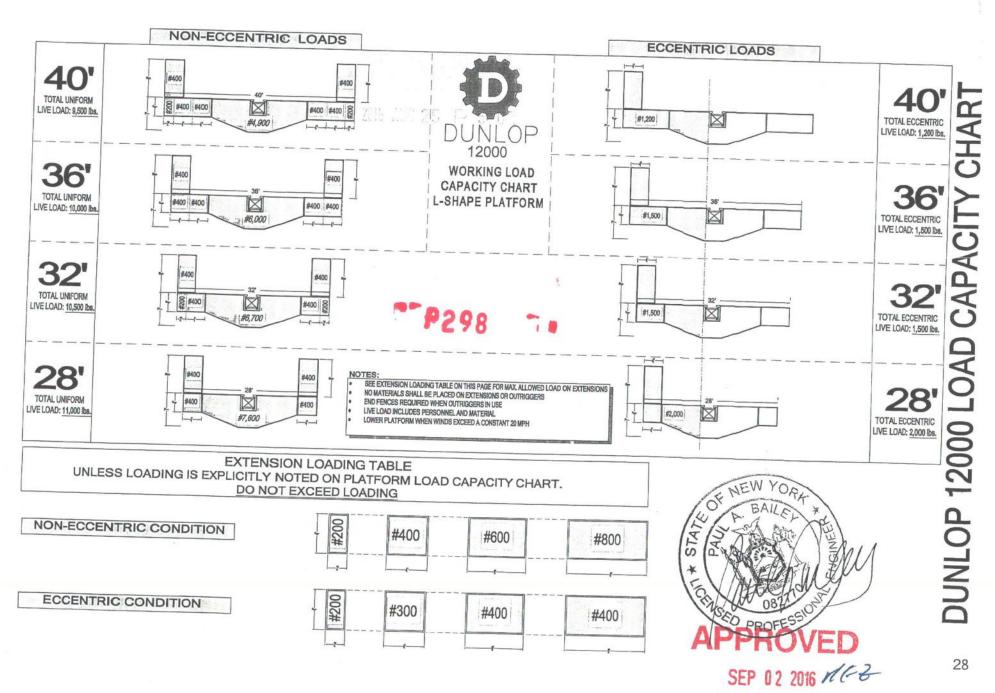


MC1: Mast Climber Prototype Application File 4 copies / Application must be typewritten

Prototype Number: P298

1 Application Type						
New X Amendment					Article Printers and Printers a	
2 Mast Climber Information			The same of the sa			
Make	Model					
Dunlop	12000 2003		2003	Year		
3 Manufacturer Information			2000			
Business Name Dunlop Access Sys	stem					
Address 807 Elton Avenue, Suite	C	Phone (718) 742-	0704	- (7(6)		
City Bronx	Chata NIV			Fax (718) 742-0191		
E-Mail jchdunlop@dunlopmast.co				Zip 1045	1	
4 Points of Contact (List additional p	points of contact as an attach	hment)				
This contact is for ⊠ technical ☐ serv	ice questions					
1. I. I. D. I	This contact is for technical service questions.					
Rusiness Dunlop Access System Address 807 Elron Ave. Suite C		Name Auilda Acosta Title Operations				
Name		Business Dunlop Access System Name		Address 807 Elron Ave. Suite		
	StateNY Zip 10451 City Bronx			StateNY	71 40 15	- 4
Phone (718) 742-9791 Fa	Phone (718) 742-9791 Fax (718) 742-0191		1	Fax (718) 74	Zip 1045	1
E-Mailjchdunlop@dunlopmast.com		E-Mailauilda@dunle	onmast com	· ax(/ 10) /4	2-0191	-5_
5 Attachments (Make sure to include all information in the attachments indicated below)					7 15	- } <
Owner's Manual			100)			mo
Operator's Manual	▼Yes □No □ N/					TO CELUS
Capacity Chart(s)	X Yes ☐No ☐ N//				,	T1=1-
Annual Inspection Checklist	. X Yes No No					mag
Advertising Brochure(s)		Α.			-	1200
Free Standing Height Information	▼ Yes □ No □ N/A	A				35
Tle-In Spacing Information	X Yes □No □ N//	4			13	0
Wind Speed Information		4			-	-50
Listing of Safety Devices Additional Points of Contact	✓ Yes No N/A	4	-		N	===
Other	Yes □No □ N/A	1				
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	Yes No NA	1			-	
- Statement and Sig	nature				-	
Falsification of any statement is a misdem for a city employee to accept, any benefit, consideration. Violation is punishable by in negligently made a false statement or to happlication, report or certification of the cobarred from filling further applications or do I certify that I am a corporate officer of the submit this application. I certify that the in with BC 3314.19 and 1 RCNY §3314-01 staccordance with and meets the requirement that the manufacturer will provide to the declimber within five (5) business days of iss Name (please print)	mprisonment or fine or both. I use knowingly or negligently fals rection of a violation required use unents with the Department, manufacturer of the abovement formation contained in the applicubilities of the state of the stat	nderstand that if I am fo sified or allowed to be fa inder the provisions of the tioned mast climber and cation and attached doc the manufacturer, I further	und after hearing the und after hearing alsified any cert is code or of a have been aut uments is comper certify that the	job or in exchang to have know ificate, form, signale of any age thorized by such plete and correct mast climber to mast climber.	inge for sp wingly or gned state ency, I ma h manufac ct in accor	ement, by be cturer to rdance
Signature Signature Internal Use Of PDRO	TE	Date 7	8-2015)	777	
Date Received	w 100 975,99//////////////////////////////////					
examiner's Name (please oppo 1 2 2	Bio M.ELZOGHABY	oice/Receipt Number			The State of the S	metaliniahahahahaha
Signature // SEP 02-2		uanco) Data				
THE CITY OF NEV	V for K	suance) Date				
DEPARTMENT OF B DIMSION OF CRANES A	ID CEEL ON		***************************************			





THE CITY OF NEW YORK
DEPARTMENT OF BUILDINGS
DIMSION OF CRANES AND DERRICKS