



**WATERFRONT COMMISSION OF NEW YORK HARBOR
39 BROADWAY, FOURTH FLOOR
NEW YORK, NEW YORK 10006
(212) 742-9280**

EMPLOYEE FULL NAME	EMPLOYEE ADDRESS	SOCIAL SECURITY #	JOB DESCRIPTION

SIGNATURE _____
PRINT NAME / TITLE _____

Signature and Printed Name and Title of Corporate Officer, Manager, Partner, Owner, or Individual Completing This Form