WE	ARE	YOUR	DOL
-	NEW YORK STATE	Department of Labor	

New York State Department of Labor

Division of Safety and Health

Public Employee Safety and Health Bureau

Above Space for Office Use Only				
Signature				
Decision date				
If "Approved," enter new abatement				
Approved	Disapproved			
Inspection no.				
PMA log no.				
District				

## **Petition for Modification of Abatement Date**

- Fill in information below.
- Attach separate sheets as required.
- Keep one copy of the completed petition for your files.
- Note: You must file your Petition for Modification of Abatement Date (SH 971) with the New York State Department of Labor district office that issued the Notice of Violation. The latest you can file this is the close of the next working day after the original required abatement date. If you file late, you must include a statement of exceptional circumstances explaining the reason for the delay.

1. Petitioner's name and address (ex.: Town of Guilderland, NYS Department	ent of Motor Vehicles, etc.)			
2a. Name and title of petitioner's representative	2b. Telephone number			
3. Location (address of place cited for violation). Include building name and	d room no., if applicable.			
4. Which standard, regulation or section of the act violated (from Notice of Vi modification of abatement date? Attach a copy of the page(s) of the Notice of Violation and Order to Complete				
5a. Why are you unable to comply with the Notice of Violation by the abatem I have attached separate sheets: ☐ Yes ☐ No				
5b. Supply statement(s) from qualified individuals with first-hand knowledge of the facts. These must explain the reasons why you cannot comply with the abatement date. Use separate sheets of paper. Attach any supporting documentation such as a letter from a contractor, etc. Give the name and title of the person(s) making the statement. I have attached documents:   Yes  No				
6. Give the date when you expect to be in compliance. List completion dates (or projected completion dates) for compliance with the standard. I have attached separate sheets:   Yes  No  Expected compliance date:				

Continued on reverse side

SH 971 (06/23) Page 1 of 2

This is crucial for the the abatement extens	approval of this petition	on. You must protect en				
		(date) in a con				
		of ten working days, if app				
,		3 , 7 , 11	•			
		oresentative(s) of the affect , rules and regulations of t				
Provide evidence o	of service upon the auth	norized representative of	f affected employees.			
(1) Name	Title					
Union	Union		Signature			
(2) Name	) Name Title					
Union	Signature					
(3) Name	Title					
Union	Signature					
representatives hav	e been notified (Item 8b	•				
Petitioner's Represer	itative Signature.		Date			
file within ten working day filed within this ten day pe	s of the date this petition	ile a <b>written</b> objection to t n was posted or served up her rights to object to this	on an authorized repres			
Return Petitions to:						
Albany State Office Campus, Rm. 158 Albany, NY 12226 (518) 457-5508	<b>Binghamton</b> 44 Hawley St., Rm. 901 Binghamton, NY 13901 (607) 721-8211	<b>Buffalo</b> 65 Court St., Rm. 400 Buffalo, NY 14202 (716) 847-7133	Garden City 400 Oak St., Ste. 101 Garden City, NY 11530 (516) 228-3970			
Rochester 109 S. Union St. Rochester, NY 14607 (716) 847-7133	New York City PO Box 15047 Albany NY, 12212 (212) 775-3548	<b>Syracuse</b> 450 S. Salina St., Rm. 401 Syracuse, NY 13201 (315) 479-3212	<b>Utica</b> 207 Genesee St., Rm. 703a Utica, NY 13501 (315) 793-2258	White Plains 120 Bloomingdale Dr. White Plains, NY 10605 (914) 997-9514		

SH 971 (06/23) Page 2 of 2