



Aerial Act Location Notice

Instructions:

- **List** all the events where you will be performing aerial acts in New York State.
- **Due date: We must receive this form at least 10 days before the first scheduled performance.**
- **Send:** Mail completed form to the address above or email to: labor.sm.industry.dosh@labor.ny.gov

Organization name: _____

Permanent address: _____

Street: _____

City: _____ State: _____ Zip: _____

Contact phone: _____ Contact email: _____

Dates (mm/dd/yyyy): List in order with the most recent first	Event Locations: Name Address: Street, City or Town and Zip	County	Number of Aerial Acts
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			

Signature: _____ Date: _____

Print your name: _____