

**NEW YORK STATE DEPARTMENT OF LABOR**  
**599 TRAINING APPLICATION PACKET**

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Enter claimant's Social Security Number in the boxes above.

Date: \_\_\_\_\_

PAGE   1   OF \_\_\_\_\_

**FAX TO:**     1 – 518 – 457 – 9492

**FROM:**

ONE STOP OFFICE: \_\_\_\_\_

SENDER'S NAME: \_\_\_\_\_

ENCLOSED DOCUMENTS:

- OS44     ONE STOP TRAINING APPLICATION
- OS44R    ONE STOP 599 TRAINING RECOMMENDATION
- OS44PD   PENDING DOCUMENTS ADVISORY
- SUPPORTING DOCUMENTS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

COMMENTS:

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