WE	ARE	YOUR	DOL
0	- NEW YORK STATE	Department of Labor	

New York State Department of Labor

Division of Safety and Health

Public Employee Safety and Health Bureau

Disapproved

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.

ent of Motor Vehicles, etc.)				
2b. Telephone number				
d room no., if applicable.				
4. Which standard, regulation or section of the act violated (from Notice of Violation and Order to Comply) needs a modification of abatement date?				
Attach a copy of the page(s) of the Notice of Violation and Order to Comply relevant to your request. 5a. Why are you unable to comply with the Notice of Violation by the abatement date? Give details on additional sheets. 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:				
i .				

Continued on reverse side

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This is crucial for the the abatement exten	e approval of this petition	on. You must protect en		•		
8a. A copy of this petition	n was posted on	(date) in a con	spicuous place. All affe	ected employees can		
		of ten working days, if app				
of Title 12 of the off	cial compilation of codes	oresentative(s) of the affect rules and regulations of t corized representative of	he State of New York (
(1) Name		Title	Title			
Union		Signature _	Signature			
(2) Name		Title	Title			
Union		Signature _	Signature			
(3) Name		Title	Title			
Union		Signature	Signature			
representatives hav	e been notified (Item 8b	petition is complete and)).				
file within ten working da	ys of the date this petition	le a written objection to t was posted or served up her rights to object to this	on an authorized repres			
Return Petitions to:						
Albany 1220 Washington Ave. Rm. 158 Albany, NY 12226 (518) 457-5508	Binghamton 44 Hawley St., Rm. 901 Binghamton, NY 13901 (607) 721-8211	Buffalo 295 Main St., Ste.905 Buffalo, NY 14203 (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	Syracuse 450 S. Salina St., Rm. 401 Syracuse, NY 13201 (315) 479-3212	Utica 207 Genesee St., Rm. 703a Utica, NY 13501 (315) 793-2258	White Plains 120 Bloomingdale Dr. White Plains, NY 10605 (914) 997-9514		

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