



STATE OF NEW YORK  
**ATTACHMENT 1: STATE AUTHORIZATION FORM**

Date: \_\_\_\_\_, 20\_\_\_\_\_

Attn: \_\_\_\_\_

Title: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dear  Mr.  Ms.  Mrs. \_\_\_\_\_:

Below are the names and signatures of designees authorized to act on behalf of the New York State Department of Labor ("DOL") within the respective limitations of such authority as set forth herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Authority

\_\_\_\_\_  
Authority

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Authority

\_\_\_\_\_  
Authority

**This document will be effective immediately and can only be amended in writing.**

**Sincerely,**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name and Title**

\_\_\_\_\_  
**Name and Title**

\_\_\_\_\_  
**Authority – Department of Taxation & Finance**

\_\_\_\_\_  
**Authority – Office of the State Comptroller**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**