



STATE OF NEW YORK
 DEPARTMENT OF LABOR
 DIVISION OF SAFETY AND HEALTH
 Engineering Services Unit
 THE GOV. W. AVERELL HARRIMAN
 STATE OFFICE BUILDING CAMPUS
 BUILDING 12
 ALBANY, NEW YORK 12240

APPLICATION NO.
DATE FILED

APPLICATION FOR APPROVAL OF INSTALLATION OR DEVICE

Application is hereby made for a required APPROVAL of an installation or device as follows:

1. NAME (Building Owner or Device Manufacturer)		2. ADDRESS (Include Zip Code)	
3. TELEPHONE NUMBER (Include Area Code)			
4. <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> AGENT APPLYING - (Enter Name, Address and Telephone Number Under R E M A R K S)		<input type="checkbox"/> A CORPORATION INCORPORATED IN THE STATE OF _____	
5. DESIGNATION (Give Designation As You Desire It Listed)			6. APPLICABLE CODE RULE
7. PURPOSE			
8. CAN PRODUCT OR DEVICE BE EXAMINED AT THE COMMISSIONER OF LABOR'S OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		9. HAS A PREVIOUS APPLICATION FOR ITS APPROVAL BEEN FILED WITH THE COMMISSIONER OF LABOR? <input type="checkbox"/> YES (Give Details Under R E M A R K S) <input type="checkbox"/> NO	
10. HAVE ANY COMPLIANCE ORDERS AFFECTING THIS INSTALLATION OR DEVICE BEEN ISSUED BY THE COMMISSIONER OF LABOR? <input type="checkbox"/> YES (Give Details Under R E M A R K S) <input type="checkbox"/> NO		11. TO YOUR KNOWLEDGE, HAS ANY VARIANCE BEEN REQUESTED OR GRANTED FOR THE USE OF THIS INSTALLATION OR DEVICE? REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO GRANTED <input type="checkbox"/> YES <input type="checkbox"/> NO (Give Details Under R E M A R K S)	

DATA TO BE SUBMITTED INITIALLY

NOTE: ADDITIONAL DATA MAY BE REQUESTED

- a. Prepare application in duplicate and submit the completed forms to the address given above.
- b. Assembly and detail drawing, including schematic diagrams, indicating the general dimensions, size and material of all component parts.
- c. Written description, in duplicate, of the construction, use, operation and safety features of installation or device in layman's language.
- d. Advertising literature, photographs, illustrations or other data, where they are helpful in an understanding of the installation or device.
- e. Copies of report of any tests, engineering certification, and of any approvals previously granted to the installation or device upon request only. Has product or device been tested by an independent laboratory? yes no
- f. A sample device, when requested by the Commissioner.

REMARKS (Attach additional sheets if necessary)

12. DATE

13. SIGNATURE OF APPLICANT OR AGENT

14. PRINT OR TYPE ABOVE NAME

GENERAL INFORMATION AND INSTRUCTIONS

A. TYPES OF APPROVALS

1. GENERAL - Approvals which apply not only to the device submitted but to all duplicates of same which are produced.
2. SPECIAL - Approvals for one installation, usually for use at a single location which approval generally does not apply to other locations.

B. ACTION BY THE COMMISSIONER OF LABOR

1. All costs for setting up equipment for the proper demonstration or testing of an installation or device must be borne by the applicant.
2. An inspection and demonstration of all installations is required and will be witnessed by New York State personnel.
3. When deemed necessary, an inspection or demonstration of a device will be witnessed by New York State personnel. If such inspection and demonstration is outside the State of New York the cost of all travel and subsistence expenses are required to be reimbursed by the applicant.