



STATE OF NEW YORK
 DEPARTMENT OF LABOR
 BUREAU OF PUBLIC WORK
 THE GOV. W. AVERELL HARRIMAN
 STATE OFFICE BUILDING CAMPUS
 ALBANY, N.Y. 12240

FOR OFFICIAL USE ONLY
Control No: _____

APPLICATION FOR DISPENSATION FOR HOURS

Applicant **must COMPLETE BOTH PAGES.** Phone: (518) 457-5589 Fax: (518) 485-1870
 A representative of the Department of Jurisdiction (contracting agency) must **COMPLETE CERTIFICATION AT BOTTOM.**

APPLICANT: NAME AND ADDRESS	FEDERAL EMPLOYER IDENTIFICATION NUMBER
	TELEPHONE NO:

Prevailing Rate Case / PRC # _____ COUNTY: _____
 (found on wage schedule)

Project Description:
 DESCRIPTION OF LOCATION: (City, town, intersection, street or route, etc.)

NATURE OF PROJECT: (Check one)

1. NEW BUILDING 2. ADDITION TO EXISTING STRUCTURE 4. NEW SEWER OR WATERLINE 6. OTHER RECONSTRUCTION, MAINTENANCE REPAIR OR ALTERATION

3. HEAVY AND HIGHWAY CONSTRUCTION (NEW AND REPAIR) 5. OTHER NEW CONSTRUCTION 7. DEMOLITION

REASON FOR REQUESTING DISPENSATION:

DISPENSATION REQUIRED: (Complete statement below) THIS MUST BE SIGNED

Application is made for a period beginning _____ and ending _____ to permit
 (DATE) (DATE)

operations _____ hours per day, _____ days per week.

 (Date) (Signature of Contractor or Authorized Representative) (PRINT NAME AND TITLE)

This Section to be Certified by an Officer of the Department of Jurisdiction THIS MUST BE SIGNED

IT IS HEREBY CERTIFIED THAT THE ABOVE DESCRIBED PUBLIC WORK PROJECT IS OF AN IMPORTANT NATURE AND THAT A DELAY IN CARRYING IT TO COMPLETION WOULD RESULT IN SERIOUS DISADVANTAGE TO THE PUBLIC.

_____ (DEPARTMENT OF JURISDICTION)	_____ (AUTHORIZED SIGNATURE)
_____ (STREET ADDRESS)	_____ (PRINT NAME AND TITLE)
_____ (TOWN, CITY, STATE)	_____ DATE
_____ (ZIP CODE)	_____ TELEPHONE NO.: ()

