



New York State Department of Labor  
 Division of Safety and Health - Engineering Services Unit  
 State Office Campus  
 Building 12, Room 154  
 Albany, NY 12240

Application No
Date Filed

## Application for Approval of Installation or Device

Instructions to complete this application and general information are on the back of this form.

### An application for a required approval of an installation or device is made as follows:

1. Name of applicant (building owner or device manufacturer)	2. Address of applicant (include zip code)
3. Phone number (include area code)	5. The name and address of the building's managing agent (for installations)
4. Address of building (for Installations)	
6. <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Agent/Consultant Applying (Enter Name, Address and Phone under Remarks) <input type="checkbox"/> Incorporated in the State of _____	
7. <input type="checkbox"/> Device <input type="checkbox"/> New Installation <input type="checkbox"/> Replacement Installation for Existing Approval # _____	
8. Designation (Give designation as you want it listed)	9. Applicable Code Rule
10. Purpose	
11. Can the product or device be examined at the Commissioner of Labor's office? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Has previous application for its approval been filed with the Commissioner of Labor? <input type="checkbox"/> Yes (Give details under Remarks) <input type="checkbox"/> No
13. Have any Compliance Orders affecting this installation or device been issued by the Commissioner of Labor? <input type="checkbox"/> Yes (Give details under Remarks) <input type="checkbox"/> No	14. 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 Remarks)

Remarks (Attach additional sheets if necessary. Sign and date all sheets.)

15. Date \_\_\_\_\_ 16. Signature of applicant or agent \_\_\_\_\_

17. Print or type name of applicant or agent \_\_\_\_\_

## Instructions for the Application for Approval of Installation or Device

Mail two copies of the completed application to the address on the front of this form.

Include the following information with your original application:

- Diagrams that show the general dimensions, size and material of all parts
- Two copies of a written description of the installation or device
  - Include the construction, use, operation and safety features
    - Put it in layman's language
- Manufacturer's instructions or specifications, advertising literature, photographs, illustrations or other data that may be helpful in understanding the installation or device

Information to submit only if requested:

- Copies of reports or tests, engineering certification and of any approvals previously granted to the installation or device
- A sample of the device

Has product or device been tested by an independent laboratory? Yes No  
If yes, additional information may be requested.

## General Information

Types of approvals granted by the Commissioner of Labor:

- General approvals apply to the device submitted and to duplicates of the same device.
- Special approvals are for only one installation. Approval is usually for use at a single location and does not apply to other locations.

Inspections and demonstrations:

- You will be responsible for all costs for the inspection and demonstration of the installation or device. You must reimburse the state for all travel and expenses for NYS personnel.
- All Installations must be:
  - Inspected by NYS
  - Demonstrated to NYS
- New York State may require a device to be:
  - Inspected by NYS
  - Demonstrated to NYS