STATE OF NEW YORK
INDUSTRIAL BOARD OF APPEALS

In the Matter of the Petition of: _____ [name of company and/or individuals] Petitioner(s), To Review Under Section 101 of the Labor Law: An Order(s) dated _____ [date of order(s)] - against - THE COMMISSIONER OF LABOR, Respondent.	PETITION FOR REVIEW OF AN ORDER OF THE COMMISSIONER OF LABOR

1. The name and mailing address of each Petitioner who is filing the Petition is:
   _____
   _____
   _____

2. My business address is: _____
   _____
   _____

3. My phone number is: _____

4. My relationship to the Petitioner(s) is: _____
   _____
   _____

5. A copy of the Order(s) that I am appealing is attached to this Petition.

6. The Order(s) is invalid or unreasonable because:
   [List all of the reasons that you are challenging the Order(s) and state all of the facts that show that the Order(s) is unreasonable and/or invalid. Attach an additional sheet, if necessary.]
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

7. The Petitioner requests the following relief from the Industrial Board of Appeals:
[Explain what you want the Industrial Board of Appeals to do.]

_____

_____

_____

_____

Dated: _____

By: _____
[Signature of the Petitioner or the Petitioner's authorized representative]

_____
[Print Name]

* The original and three (3) copies of this Petition for Review must be filed in person or by mail with the Industrial Board of Appeals at Empire State Plaza, Agency Building #2, 20th Floor, Albany, NY 12223.

** The Order that you are appealing must be attached to each copy of the Petition for Review that you file with the Industrial Board of Appeals.

*** The Petition must be filed with the Board within 60 days of the date that the Order is issued.