



State of New York - Department of Labor
 DIVISION OF SAFETY AND HEALTH
 Public Employee Safety and Health Bureau

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| PMA LOG NO. | | | |
| INSPECTION NO. | | | |
| APPROVED | | DISAPPROVED | |
| If Approved, Enter New Abatement Date | | | |
| DECISION DATE: | | | |
| SIGNATURE: | | | |
| ABOVE SPACE FOR OFFICE USE ONLY | | | |

PETITION FOR MODIFICATION OF ABATEMENT DATE

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| 1. NAME AND ADDRESS OF PETITIONER (e.g., Town of Guilderland, Department of Motor Vehicles, etc.) | |
| 2a. NAME OF PETITIONER'S REPRESENTATIVE AND TITLE | 2b. TELEPHONE NUMBER |
| 3. LOCATION (ADDRESS) OF PLACE CITED FOR VIOLATION (INCLUDE BUILDING NAME AND ROOM NO., IF APPLICABLE) | |
| 4. STANDARD, REGULATION OR SECTION OF THE ACT VIOLATED (From Notice of Violation and Order to Comply) FOR WHICH PETITIONER SEEKS MODIFICATION OF ABATEMENT DATE (ATTACH A COPY OF THE PAGE(S) OF THE NOTICE OF VIOLATION AND ORDER TO COMPLY WHICH PERTAIN TO YOU VARIANCE REQUEST) | |
| 5a. PROVIDE DETAILED EXPLANATION FOR INABILITY TO COMPLY WITH THE NOTICE OF VIOLATION BY ABATEMENT DATE (Attach additional sheets if necessary) | |
| 5b. PROVIDE STATEMENT(S) BY QUALIFIED INDIVIDUALS WHO HAVE FIRST HAND KNOWLEDGE OF THE FACTS, EXPLAINING THE REASONS FOR INABILITY TO COMPLY WITH THE ABATEMENT DATE. (USE SEPARATE SHEETS OF PAPER). ATTACH ANY SUPPORTING DOCUMENTATION SUCH AS A LETTER FROM A CONTRACTOR, ETC. GIVE THE NAME AND TITLE OF THE PERSON(S) MAKING THE STATEMENT. | |
| 6. DATE WHEN YOU EXPECT TO BE ABLE TO COMPLY WITH ABATEMENT DATE AND WHAT STEPS YOU HAVE TAKEN OR WILL TAKE, WITH DATES SPECIFIED, TO COME INTO COMPLIANCE WITH THE STANDARD. (Attach additional sheets if necessary) | |

