



New York State Department of Labor  
 Division of Safety and Health  
 Public Employee Safety and Health Bureau

District	
PMA log no.	
Inspection no.	
Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
If "Approved," enter new abatement	
Decision date	
Signature	
<b>Above Space for Office Use Only</b>	

### Petition for Modification of Abatement Date

- Fill in information below.
- Attach separate sheets as required.
- **Keep one copy of the completed petition for your files.**
- **Note:** You must file your Petition for Modification of Abatement Date (SH 971) with the New York State Department of Labor district office that issued the Notice of Violation. **The latest you can file this is the close of the next working day after the original required abatement date.** If you file late, you must include a statement of exceptional circumstances explaining the reason for the delay.

1. Petitioner's name and address (ex.: Town of Guilderland, NYS Department of Motor Vehicles, etc.)	
2a. Name and title of petitioner's representative	2b. Telephone number
3. Location (address of place cited for violation). Include building name and room no., if applicable.	

4. Which standard, regulation or section of the act violated (from Notice of Violation and Order to Comply) needs a modification of abatement date? \_\_\_\_\_  
 Attach a copy of the page(s) of the Notice of Violation and Order to Comply relevant to your request.
- 5a. Why are you unable to comply with the Notice of Violation by the abatement date? Give details on additional sheets. I have attached separate sheets:  Yes  No
- 5b. Supply statement(s) from qualified individuals with first-hand knowledge of the facts. These must explain the reasons why you cannot 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. I have attached documents:  Yes  No
6. Give the date when you expect to be in compliance. List completion dates (or projected completion dates) for compliance with the standard. I have attached separate sheets:  Yes  No  
 Expected compliance date: \_\_\_\_\_

7. What have you done to protect employees against hazards created by the violations cited? Give specific information. **This is crucial for the approval of this petition. You must protect employees from the violation hazard during the abatement extension.**

I have attached separate sheets:  Yes  No

8a. A copy of this petition was posted on \_\_\_\_\_ (date) in a conspicuous place. All affected employees can see it. The location of the poster is: \_\_\_\_\_

This petition shall remain posted for a period of ten working days, if appropriate.

8b. A copy shall be served on the authorized representative(s) of the affected employees in accordance with Part 804.4 of Title 12 of the official compilation of codes, rules and regulations of the State of New York (12NYCRR Part 804).

**Provide evidence of service upon the authorized representative of affected employees.**

(1) Name \_\_\_\_\_ Title \_\_\_\_\_

Union \_\_\_\_\_ Signature \_\_\_\_\_

(2) Name \_\_\_\_\_ Title \_\_\_\_\_

Union \_\_\_\_\_ Signature \_\_\_\_\_

(3) Name \_\_\_\_\_ Title \_\_\_\_\_

Union \_\_\_\_\_ Signature \_\_\_\_\_

**If serviced by certified mail, attach a photocopy of the envelope(s) and return receipt(s) prior to mailing, showing the name(s) and address(es) of the individual(s) served.**

9. I certify that the information provided in this petition is complete and accurate. Affected authorized representatives have been notified (Item 8b).

Petitioner's Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Affected employees or their representatives may file a **written** objection to the petition with the district office. They must file within ten working days of the date this petition was posted or served upon an authorized representative. If it is not filed within this ten day period, they give up all further rights to object to this petition.

Return Petitions to:

**Albany**

State Office Campus, Rm. 158  
Albany, NY 12240  
(518) 457-5508

**Binghamton**

44 Hawley St., Rm. 901  
Binghamton, NY 13901  
(607) 721-8211

**Buffalo**

65 Court St., Rm. 400  
Buffalo, NY 14202  
(716) 847-7133

**Garden City**

400 Oak St., Ste. 101  
Garden City, NY 11530  
(516) 228-3970

**Rochester**

109 S. Union St.  
Rochester, NY 14607  
(716) 847-7133

**New York City**

75 Varick St., 7th Fl.  
New York City, NY 10013  
(212) 775-3548

**Syracuse**

450 S. Salina St., Rm. 401  
Syracuse, NY 13201  
(315) 479-3212

**Utica**

207 Genesee St., Rm. 703a  
Utica, NY 13501  
(315) 793-2258

**White Plains**

120 Bloomingdale Dr.  
White Plains, NY  
10605  
(914) 997-9514