

<b>Office Use Only</b>
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): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Phone number (include area code): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
4. Address of building (for Installations): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. The name and address of the building's managing agent (for installations):  
  
6. Individual Partnership  
Agent/Consultant Applying (Enter Name, Address and Phone under Remarks)  
Incorporated in the State of: \_\_\_\_\_
7. Device New Installation 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? Yes No
12. Has previous application for its approval been filed with the Commissioner of Labor?  
Yes (Give details under Remarks) No
13. Have any Compliance Orders affecting this installation or device been issued by the Commissioner of Labor?  
Yes (Give details under Remarks) No
14. To your knowledge, has any variance been requested or granted for the use of this installation or device?  
Requested: Yes (Give details under Remarks) No  
Granted: Yes No

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

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