

Program Manager
 Industry Inspection Bureau
 1220 Washington Ave.
 Building 12, Room 169
 Albany, New York 12226-0100
 (518) 457-1327



Aerial Act Location Notice

Instructions:

- **List** all the events where you will be performing aerial acts in New York State.
- **Due date: We must receive this form at least 10 days before the first scheduled performance.**
- **Send:** Mail completed form to the address above or email to: labor.sm.industry.dosh@labor.ny.gov

Organization name: _____

Permanent Address

Street: _____

City: _____ State: _____ Zip: _____

Contact phone: (____) _____ - _____ Contact email: _____

	Dates (mm/dd/yyyy) List in order with the most recent first	Event Locations Name Address: Street, City or Town and Zip	County	Number of Aerial Acts
From:	___ / ___ / ___			
To:	___ / ___ / ___			
From:	___ / ___ / ___			
To:	___ / ___ / ___			
From:	___ / ___ / ___			
To:	___ / ___ / ___			
From:	___ / ___ / ___			
To:	___ / ___ / ___			
From:	___ / ___ / ___			
To:	___ / ___ / ___			

Signature: _____ Date: ___ / ___ / ___

Print your name: _____