



Department of Labor

Bureau of Public Work
Harriman State Office Campus
Albany, NY 12240
(518) 457-5589 | (518) 485-1870 (fax)
www.labor.ny.gov

Application for Dispensation for Hours

Applicant must complete **both pages**. A representative of the Department of Jurisdiction (Contracting Agency) **must complete** the certification at bottom. Your application **cannot be processed** without this certification.

Applicant: _____

Name and address: _____

Federal Employer Identification Number: _____ Telephone Number: _____

Prevailing Rate Case / PRC # _____ County: _____
(found on wage schedule)

Project Description: _____

Description of location (City, town, intersection, street or route, etc.): _____

Nature of Project: (Check one)

- 1. NEW BUILDING 2. ADDITION TO EXISTING STRUCTURE 3. HEAVY AND HIGHWAY CONSTRUCTION (NEW AND REPAIR) 4. NEW SEWER OR WATERLINE
- 5. OTHER NEW CONSTRUCTION 6. OTHER RECONSTRUCTION, MAINTENANCE REPAIR OR ALTERATION 7. DEMOLITION

Reason for requesting dispensation:

Dispensation Required: (Complete statement below)

THIS MUST BE SIGNED

Application is made for a period beginning _____ and ending _____ to permit operations _____ hours per day, _____ days per week.
(Date) (Date)

(Date) (Signature of Contractor or Authorized Representative) (Print name and title)

**Certification by an officer of the Contracting Agency
THIS MUST BE SIGNED**

It is hereby certified that the above described Public Work project is of an important nature and that a delay in carrying it to completion would result in serious disadvantage to the public.

(Department of Jurisdiction)

(Authorized signature)

(Street address)

(Print name and title) (Date)

(City, state) (Zip code)

(Area code and telephone number)

