Bureau of Public Work Harriman State Office Campus Albany, NY 12226 (518) 457-5589 | (518) 485-1870 (fax)

PW 30 (08/23)

WE ARE YOUR DOL



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.

Company Name:					
Company Address:					
Email:		_			
Federal Employer Identificati	on Number:	Telephon	e Number:		
Prevailing Rate Case / PRC (found on wage schedule)	#	County:			
Project Description:					
Description of location (City,	town, intersection, street or ro	ute, etc.):			
Nature of Project: (Check on	e)				
NEW BUILDING 2. ADI 5. OTHER NEW CONSTRUCT	DITION TO EXISTING STRUCTURE ON 6. OTHER RECONSTRI	CONSTRUCTION (NEW AND REPAIR) 6. OTHER RECONSTRUCTION, 7. DEMOLITION			
Reason for requesting dispe		TINO MIN			
Dispensation Required: (Cor	,		ST BE SIGNED		
day,days per week.	riod beginning(Date)		Date)	ons nours per	
(Date)	(Signature of Contractor or Author	re of Contractor or Authorized Representative) (Prin		e and title)	
	Certification by an o THIS above described Public Work erious disadvantage to the pub	MUST BE SIGNED project is of an import		n carrying it to	
(Contracting Agency)			(Authorized signature)		
(Street address)			(Print name and title)	(Date)	
(City, state)	(Zip code)	<u> </u>	(Area code and telephone n	(Area code and telephone number)	

Complete and Return

List the job classifications for which this dispensation is requested and the number of employees in each classification.

Job Classification (occupations)	Number to be Employed

When this application is complete, have an officer of the Contracting Agency complete the certification section and return it to this office. No worker, laborer, or mechanic may be employed in excess of 8 hours in any one day nor 5 days in any one calendar week until you receive a notice of determination.

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