



NEW YORK STATE DEPARTMENT OF STATE
DIVISION OF BUILDING STANDARDS AND CODES

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THIRD PARTY PILOT PROGRAM SUBMISSION
Required Contact Information

Manufacturer: _____ Manufacturer No.: **M**_____

Address: _____

Contact Person: _____ Email: _____

Phone: _____ Fax: _____

Third Party Agency: _____

Address: _____

Contact Person: _____ Email: _____

Phone: _____ Fax: _____

Registered Design Professional: _____

NYS License No: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Authorized Signature of Manufacturer: _____ Date: _____