



PACNY

PROFESSIONAL ABATEMENT CONTRACTORS OF NEW YORK, INC.

*“DEDICATED TO MAINTAINING THE HIGHEST STANDARDS AND REPUTATION
IN THE ENVIRONMENTAL REMEDIATION INDUSTRY”*

MEMBERSHIP APPLICATION

IMPORTANT: All information requested shall be held strictly confidential and shall be used for the sole purpose of determining the qualifications of a prospective member.

COMPANY NAME _____

ADDRESS _____

TELEPHONE NO. (____) _____ FAX NO. (____) _____ EMAIL _____

FEDERAL ID NO. _____ CONTRACTOR'S LICENSE NO. _____

Please check one: PARTNERSHIP _____ CORPORATION _____ INDIVIDUALLY OWNED _____

PRESIDENT _____ VICE PRESIDENT _____

SECRETARY _____ TREASURER _____

PACNY REPRESENTATIVE _____ TITLE _____

YEAR INCORPORATED IN NEW YORK STATE _____

DOES YOUR FIRM HOLD AN ASBESTOS LICENSE IN OTHER STATE(S)? _____

IF SO, NAME OF STATE(S) _____

DOES YOUR FIRM HAVE BRANCH OFFICES? _____ NUMBER _____

LOCATION(S) & PHONE(S) _____

HAS YOUR FIRM, PRINCIPALS OR TOP MANAGEMENT OPERATED UNDER DIFFERENT NAME(S) WITHIN THE

LAST 5 YEARS? _____ IF SO, UNDER WHAT NAME(S)? _____

NUMBER OF EMPLOYEES _____ NUMBER OF YEARS OF ABATEMENT EXPERIENCE _____

NAME 3 AIR MONITORING FIRMS WITH WHOM YOU HAVE WORKED (include contact names & phone numbers)

1. _____

2. _____

3. _____

PLEASE GIVE A LIST OF AGENDA ITEMS THAT YOU WOULD LIKE TO SEE PACNY ADDRESS.

SIGNATURE: BY SIGNING THIS APPLICATION, THE APPLICANT DOES HEREBY AGREE TO ABIDE BY PACNY BYLAWS AND ANY OTHER RULES AND REGULATIONS ADOPTED THERETO.

_____ BEING DULY SWORN DEPOSES AND SAYS THAT THE
(Print Name)
INFORMATION PROVIDED HEREIN IS TRUE AND SUFFICIENTLY COMPLETE SO AS NOT TO BE MISLEADING.

APPLICANT'S SIGNATURE _____ DATE _____

CONTRACTOR YEARLY MEMBERSHIP FEE: \$1200.00

Please make your check payable to: PACNY
Mail your application with check to:
Lisa Brown, PACNY Administrator
Post Office Box 3148
Syracuse, NY 13220
Tel: (315) 466-3150 Fax: (315) 437-1440

OFFICIAL USE ONLY

(Company Name) HAS BEEN ACCEPTED _____ DATE _____
REJECTED _____

CONTACT _____

EXPLANATION/COMMENTS _____

MEMBERSHIP COMMITTEE VOTING RESULTS YES _____ NO _____
BOARD OF DIRECTORS APPROVED FOR MEMBERSHIP YES _____ NO _____

YEARLY RECOMMENDED COST OF MEMBERSHIP _____ STARTING DATE _____

(Signature) (Date) (Witness) (Date)