Instructions for

Obtaining Work Authorization Permits

<table>
<thead>
<tr>
<th>Rev No.</th>
<th>DCN No.</th>
<th>Change Summary</th>
<th>Release Date</th>
<th>DCN Initiator</th>
<th>Document Owner</th>
</tr>
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<tr>
<td>32</td>
<td>DCN2017</td>
<td>Updated 6. RECORDS; Updated to reflect changes to document names and facility terminology.</td>
<td>12-2-20</td>
<td>M. Rose</td>
<td>Pat O'Dea</td>
</tr>
</tbody>
</table>

Prior revision history, if applicable, is available from the Document Control Office.
1. **PURPOSE**

1.1 The purpose of this document is to ensure work activities at the NY CREATES / SUNY Polytechnic Institute (SUNY Poly) Albany Nanotech facility are:

1. Communicated and coordinated with all affected parties (i.e. tenants, departments, etc.);

2. Communicated and coordinated with Facilities;

3. Performed in accordance with NY CREATES EHS policies.

2. **SCOPE**

2.1 Work Authorization Permit (**CFM-00004-F1**) must be completed any time:

1. Work activities are performed within the facility that will directly impact the facility or facility operations.

2. Work activities performed outside the facility will directly impact the facility or facility operations.

3. Work activities performed within the facility by a contractor, subcontractor or other non-tenant or non-NY CREATES / SUNY Poly employee.

4. Exceptions to this are preventive maintenance or routine work activities performed by contractors. This would include work such as waste collection, chemical delivery and facility equipment preventive maintenance [e.g., elevators, air compressors, chillers, etc.]. However, contractors are still obligated to comply with site safety and procedural requirements including but not limited to Hot Work Permits, Daily Fire Protection Permits, etc.

2.2 These work instructions apply to all NY CREATES employees, SUNY Poly employees, tenant employees, contractors and sub-contractors that are engaged in work activities at the NY CREATES / SUNY Poly Albany facility.

2.3 These work instructions do not apply to construction activities that shall be performed outside the facility that will not directly impact the facility or facility operations.
3. DEFINITIONS

3.1 Work Activity that requires authorization by using this process is any activity that includes the following:

1. Modifications to HVAC, Plumbing, Electrical, Bulk Gas or Life Safety systems
2. Building or infrastructure reconfiguration
3. Any utility shutdown
4. Facility type equipment shutdown
5. Any utility line entry/break
6. Excessive noise, vibration or dust
7. Odor Producing Work
8. Excavation

3.2 Required Attachments: The following sub-permit and approval forms shall be attached to the Work Authorization Permit form, if the Work Activity involves any tasks described below:

NOTE: Applicable sections of all permits and forms must be completed at the time of submission.

1. Hot Work Permit: Submit a Daily Hot Work Permit form (EHS-00029-F1), if the Work Activity includes the need to perform any welding, cutting, blasting, brazing or soldering.

2. Fire Protection System Daily Permit: Submit a Fire Protection System Daily Permit (CFM-00005-F1) anytime work activities within the facility have the potential to affect the fire alarm system and its components including testing, modification and maintenance of the fire system. In addition, when any work activities carried out indoors or outdoors (alleys, rooftops, near air intakes, etc.) will affect the fire protection systems with hot work, dust generation, smoke generation, etc.

3. SUNY Poly Confined Space Entry Permit: Submit a SUNY Poly Confined Space Entry Permit form (EHS-00007-F1), if the Work Activity involves entry into a permit-required confined space (refer to Section 3.0 of EHS-00007 Confined Space Entry Procedure for clarification).

4. CNSE Crane Work Permit: Submit a CNSE Crane Work Permit form (EHS-00040-F1), if the Work Activity involves use of a crane on site.

5. CNSE Power-Actuated Fastener Tool Permit: Submit a CNSE Power-Actuated Fastener Tool Permit form (EHS-00065-F1), if the Work Activity involves use of these tools on site.
6. **CNSE Scaffolding Permit**: Submit a CNSE Scaffolding Permit form (EHS-00074-F1), if any kind of scaffolding will be erected, altered, or dismantled on site.

7. **Energized Electrical Safety Permit**: Submit an Energized Electrical Safety Permit (EHS-00054-F1), if the Work Activity involves the need to perform work on live/energized electrical equipment (refer to Section 9.0 of EHS-000054 Electrical Safety Program Procedure for clarification).

8. **Floor Tile Removal Approval Form**: Submit a Floor Tile Removal Approval Form (EHS-00032-F1), if the Work Activity involves the need to remove a floor tile in the NFN or NFSX cleanrooms.

9. **Design Review Checklist**: Submit a Design Review Checklist form (EHS-00038-F1), if the Work Activity involves the need to alter or modify any exits or means of egress, or any changes or modifications to life safety, HVAC, utility or plumbing devices.

10. **Dirty Work Permit Application**: Submit a Dirty Work Permit Application form (CFM-01005-F1), if the Work Activity involves the need to potentially create any additional particulates in any of the cleanroom environments.

11. **Non-Routine Hazardous Work Permit**: Submit a Non-Routine Hazardous Work Permit form (EHS-00062-F1), to perform a non-routine task, experiment or unplanned maintenance that involves Hazardous Production Materials (HPMs).

12. **TGMS Modification Sub-Permit**: Submit a TGMS Modification Sub-Permit (CFM-00008-F1), if the work activity involves modification of an existing certified and operational TGMS system or system component.

13. **IT Network Modification**: Submit a copy of CNSE IT Help Desk Ticket if the work activity involves modification (moves, adds, changes and configuration changes) to the existing IT network. In turn, CNSE IT will create a SUNY Helpdesk ticket so the ‘system owner’ (SUNY IT) can make the requested changes. CNSE Helpdesk tickets can be obtained at cnsehelp@sunypoly.edu. For planning purposes please allow ten (10) business days for CNSE/SUNY IT to schedule and complete work requests.

14. **Non-Hazardous Gas Line Break Sub-Permit**: Submit a Non-Hazardous Gas Line Break Sub-Permit (CFM-00011-F1) anytime work activities within the facility require breaking any of the “identified” (see CFM-00011) non-hazardous gas connections on existing lines.

15. **Other**: If necessary, other submissions or back-up documentation that must be attached to the Work Authorization Permit include:

- **Approved S.U.N.Y. Building Permits**: required for modifications made to the building or its associated infrastructure (for details reference:

- Approved ‘Red-Lined’ Piping and Instrumentation Drawings (P&IDs): required for utility changes or tool modifications.
- Work Plans: required to explain activities that are not normally performed on site.
- Dig-Safely Clearance: required when excavations shall be performed on site to demonstrate that the area has been cleared to perform the excavation.
- Odor Notification Signs: shall be posted in areas affected by odors produced or expected from work being performed. Notices shall be posted in accordance with ‘Standard Operating Procedure for Odor Producing Notification’ (EHS-00073), using the Odor Notification Sign Template (EHS-00073-T1).

3.3 Hazard Assessment (HA)

If any of the above work tasks, that require completion of a Work Authorization Permit, require additional Personal Protective Equipment (PPE) beyond the use of a hard hat, safety glasses, and/or leather gloves, a Hazard Assessment (HA) and PPE Selection Form (EHS-00010-F1) must be completed and attached to the Work Authorization Permit.

3.4 Permit ‘Requestor’: is the person performing the work listed on the permit. Phone number listed on the permit must be a cell phone number or number where ‘Requestor’ can be reached, not an office number.

3.5 Permit ‘Company’: is the company or group performing the work. This should list the subcontractor and contractor, if necessary (e.g., ABC Contractors, Inc. for XYZ Construction Management, Inc.)

3.6 Permit ‘Work Sponsor’: is the person the work is being performed for – firm and name to be listed on the permit. This person must be a NY Creates / SUNY Poly employee or tenant employee.

3.7 Bldg./Location: List the building name, where work will be performed.

3.8 Level/Rms.: List the level and all room numbers where work will be performed.

3.9 Permit ‘System Owner Authorization’: ‘System Owner Authorization’ is required by signature of the system owner whenever a new system is installed in an existing facility or an existing system is expanded or modified.
3.10 **Notifications:** The Permit Requestor and/or Work Sponsor shall be responsible to make notifications to coordinate and communicate the work with the affected parties. This may include but not be limited to, those listed on the ‘Notifications’ section of the permit or others listed in ‘Additional Conditions / Concerns’.

3.11 **Roof Top Work:** Requires workers to check-in at the Security Desk in NFE (NanoFab East) prior to accessing a roof. Security will record the worker’s cell phone numbers to facilitate notification to evacuate in the event of an emergency.

3.12 **Urgent Situation:** a situation requiring immediate action or attention. Including but not limited to utility outages, work to restore equipment redundancy, cleanroom ‘tool down’ situations.

3.13 **ERT (Emergency Response Team) Work Schedule:**

   **Day 1:**
   Sunday, Monday, Tuesday and every other Wednesday – 7:00am – 7:30pm.

   **Day 2:**
   Thursday, Friday, Saturday and every other Wednesday – 7:00am-7:30pm.

   **Night 1:**
   Sunday, Monday, Tuesday and every other Saturday – 7:00pm - 7:30am.

   **Night 2:**
   Wednesday, Thursday, Friday, and every other Saturday - 7:00pm - 7:30am.

4. **RESPONSIBILITIES**

4.1 Compliance with this procedure is the responsibility of the tenant or NY CREATE / SUNY Poly employee responsible for the Work Activity.

4.2 All approval signature parties should be available to sign the Work Authorization Permits daily. In the event that such parties are unavailable they must designate a back-up signature party to sign such permits in their absence.

5. **PROCEDURE**

5.1 The permit form shall not be modified (e.g., addition of contractor logo, etc.).

5.2 A Work Authorization Permit shall be completed and submitted three (3) business days prior to scheduled start of the work. This is to allow sufficient
time to determine potential impacts of work activities and coordinate them with the appropriate parties.

5.3 Permits may not be submitted the same day as the start of the work. Exceptions to this will be made on a case by case basis for ‘urgent situations’.

5.4 A permit for work that is considered necessary, due to an urgent situation, will be processed the same day the permit is submitted to expedite the work. Expediting permits, in this manner, will be done at the discretion of the permit signatories and shall not diminish the requestor’s responsibility to schedule and coordinate work activities. This includes applicable sub-permits (i.e., daily fire protection permits) to prevent impact to facility operations and adherence to safety protocols.

5.5 In addition to a Work Authorization Permit, the requestor shall attach all applicable sub-permits and/or a JHA (Job Safety / Hazard Analysis) depending on the type of work being performed. See Appendix A – Work Authorization Permit System Flow Chart.

5.6 The requestor shall submit the permit for review at the daily permit meeting and obtain the necessary signatures. The daily meeting is currently held in CESTM, Rm. CR-1 from 8:30am to 9:00am, Monday through Friday. Permits can also be dropped off in the ‘drop box’ mounted to the wall outside CR-1.

5.5.1 The following sub-permit forms must be completed by requestor and approved by EHS (Environmental Health & Safety) staff prior to submitting the Work Authorization Permits:

1) Non-Routine Hazardous Work

2) Energized Electrical Work

3) Design Review Checklist

5.5.2 All sub-permits or work activities that require additional sign-off and support from NY CREATE/SUNY Poly departments must be scheduled with the affected NY CREATE/SUNY Poly person three days prior to the event. The NY CREATE/SUNY Poly person who has agreed to support this activity must also sign-off on the Work Authorization Permit to confirm their availability. The NY CREATE/SUNY Poly department does not support work performed on Friday nights or over weekends.

NOTE: Permit meetings will not take place during Research Foundation holidays.
5.7 Two (2) copies of the Work Authorization Permit form shall be submitted. One (1) that shall be stamped ‘approved’ and contain all approval signatures that shall be returned to the requestor; and one (1) shall be kept by the Facilities group for record. In addition, two (2) copies of all sub-permits or other attachments shall be submitted.

5.8 Approved permits shall be returned to the requestor after approval. If the requestor is not present, they will be placed on the bottom shelf of the drop box located outside CESTM, Rm. CR-1 for pick up in the future. Requestor is responsible for picking up their copy of the approved permits.

5.7.1 Requestors are required to promptly retrieve Work Permits so they can:

a) confirm they have been approved and work can proceed and

b) be made aware of any ‘additional conditions or concerns’ that may be required as part of the work.

5.7.2 The requestor shall have a copy of the approved permit and sub-permit available for review upon request by NY CREATES / SUNY Poly representatives (e.g., EHS, FOG, etc.) at the work site location.

5.7.3 The following sub-permit forms must be completed by the requestor and approved by ERT (Emergency Response Team) staff prior to the start of work:

1) Confined Space Entry
2) Crane Lifts
3) Hot Work
4) Power-Actuated Fastener Tool
5) Scaffolding

5.9 A ‘Work Authorization Permit Instructional Form’ is provided for reference and example in Appendix B.

5.8.1 A ‘Work Authorization Sign-Off Matrix’ is provided for reference and example in Appendix C. This lists the names of those who can sign off for various areas of responsibility.

5.10 Work Authorization Permits (WAPs) shall be in effect for a one (1) week period. For work lasting more than one (1) week, WAPs must be resubmitted as an extension to an existing permit and re-approved. The WAP form shall be modified to accurately reflect the ongoing work (change in scope, dates, etc.), the checkbox in the upper left-hand corner of the form checked (“Check to Extend an Existing Permit”) and the form submitted for approval.
5.11 Security shall review work permit activities to ensure they are coordinated with the Facility’s Events calendar. Work considered to impact or interfere with events may not be approved and will need to be rescheduled.

For Upcoming Events at the NY CREATES / SUNY Poly Albany Facility:
CNSE Events\Upcoming Events

For Upcoming Events at Kiernan Plaza:
CNSE Events\Kiernan Plaza Upcoming Events

6. RECORDS
6.1 Completed Work Authorization Permits shall be kept on file (hard copies) by the Facilities Department for 6 months.

7. VIOLATION
7.1 If any employee, tenant employee, contractor or sub-contractor chooses to disregard or violate any of the instructions provided in this procedure such parties must submit in writing the reason for violating this protocol and have such reasoning approved by all signature parties.

7.2 If any employee, tenant employee, contractor or sub-contractor violates this protocol three of more times their badges will be revoked and they must re-apply for badge access to the site.

8. APPENDIX
8.1 Appendix A – Work Authorization Permit System Flow Chart
8.2 Appendix B – Work Authorization Permit Sample
8.3 Appendix C - Work Authorization Permit Sign-Off Matrix

9. ASSOCIATED DOCUMENTS
9.1 CFM-00004A External Appendix A – 2017 SUNY Poly Construction Permit Request
9.2 CFM-00004A-F1 – SUNY Poly Construction Permit Application
Appendix A – Work Authorization Permit System Flow Chart (Page 1 of 3)

Work Activity is identified

Will work be performed inside facility?

YES

Will work impact facility or facility operation?

NO

Is work performed by a contractor, subcontractor, non-tenant, or non-CNSE employee?

YES

Is work routine work; activities such as waste collection, chemical delivery, facility equipment preventative maintenance?

NO

Work Authorization Permit (WAP) NOT required

NO

Complete Work Authorization Permit (WAP)

Continue to page 2

NO

Work Authorization Permit (WAP) NOT required

YES

Complete Work Authorization Permit (WAP)

Continue to page 2
Instructions for Obtaining Work Authorization Permits

Page 2 of 3 – Work Authorization Permit (WAP) System Flow Chart

Does the work involve any of the following types of activities?

- Dust Generation, Smoke Generation, etc.
- Hot Work (Sparks, Open Flame, Arc Welding, etc.)
- (Cleanroom) Dirty Work
- Power-Actuated Tools
- (Cleanroom) Floor Tile Removal
- Odor Producing Work
- Energized Electrical Work
- Confined Space Entry
- Crane Lift
- Excavation
- Non-Routine HPM Work
- TGMS Modification
- Facility Modification
- IT Network Modification
- Scaffolding

YES

Complete Fire Protection Systems Permit form (CFM-00005-F1) and include with WAP

Complete Hot Work Permit form (EHS-00029-F1) AND Fire Protection System Permit form (CFM-00005-F1) and include with WAP

Complete Dirty Work Permit Application form (CFM-01005-F1) and include with WAP

Complete Power-Actuated Fastener Tool Permit form (EHS-00065-F1) and include with WAP

Complete (Cleanroom) Floor Tile Removal Approval form (EHS-00082-F1) and include with WAP

Complete Odor Notification Sign (EHS-00073-F1), submit SDS, and include with WAP

Complete Energized Electrical Work Permit form (EHS-00054-F1) and include with WAP

Complete Confined Space Permit form (EHS-00007-F1) and include with WAP

Complete CNSE Crane Work Permit form (EHS-00040-F1) and include with WAP

Submit Dig Safety Clearance Documentation and include with WAP

Complete Non-Routine Hazardous Work Permit (EHS-00062-F1) and include with WAP

Complete TGMS Modification Sub-Permit (CFM-00008-F1) and include with WAP

Complete Design Review Checklist form (EHS-00038-F1) and include with WAP

Submit copy of the associated CNSE IT Help Desk Ticket

Submit Scaffolding Permit form (EHS-00074-F1) and include with WAP

Continue to page 3
Page 3 of 3 – Work Authorization Permit System Flow Chart

Does the work require additional PPE beyond hard hat, gloves and safety glasses?

YES

Complete a Job Hazard Analysis and PPE Selection form (EHS-00010-F1) and include with WAP

NO

Submit forms and supporting documents, at work permit meeting 3 working days prior to the start of work. Permit to be placed in a drop box outside CESTM CR-1 before 8:30am

Permits and supporting documents reviewed and question addressed at Permit Meeting or via Phone

Has adequate information on Work Activity to be performed been provided?

NO

Provide required information and resubmit WAP and supporting documents, as necessary

YES

• Permit is signed off and stamped “Approved”
• Work Authorization Permit MUST be picked up on shelf, below drop box outside CESTM CR-1
• Person performing work must have copy of approved WAP ‘in Hand’ when performing work
• Work may proceed
Appendix B – Work Authorization Permit Sample
(See CFM-00004-F1 for Actual Blank Work Authorization Permit)

<table>
<thead>
<tr>
<th>Requestor Information</th>
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<tbody>
<tr>
<td>Requestor: Person performing the work</td>
</tr>
<tr>
<td>Phone #:</td>
</tr>
<tr>
<td>Requestor’s cell #:</td>
</tr>
<tr>
<td>Start Date:</td>
</tr>
<tr>
<td>Company: Company/group performing work (i.e., subcontractors, not contractors)</td>
</tr>
<tr>
<td>End Date:</td>
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<table>
<thead>
<tr>
<th>Work Sponsor Information</th>
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<tbody>
<tr>
<td>Who work is being performed for &amp; name:</td>
</tr>
<tr>
<td>Bldg. / Location: Bldg. Name</td>
</tr>
<tr>
<td>Level &amp; All Rm #5 or Areas</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>SUNY Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Emergency Phone #: 427-8917 (Office)</td>
</tr>
<tr>
<td>Security B</td>
</tr>
<tr>
<td>Facilities: Pat Office 284-7467 (Cell)</td>
</tr>
<tr>
<td>Fire Systems: Ert Commender 224-3345 (Cell)</td>
</tr>
<tr>
<td>ERT 2: Y, T, Th, F, S 416-606</td>
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<thead>
<tr>
<th>Work Information</th>
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</thead>
<tbody>
<tr>
<td>Work Summary: One sentence a description of work to be performed.</td>
</tr>
<tr>
<td>Tools / Equip. Affected: Cleanroom tools and/or equipment affected by the work.</td>
</tr>
<tr>
<td>Systems Affected: System affected by the work.</td>
</tr>
<tr>
<td>Duration of Work: Anticipated duration of the work (e.g., 4 hours)</td>
</tr>
<tr>
<td>Possible Alarms:</td>
</tr>
<tr>
<td>Description of what the work will entail.</td>
</tr>
</tbody>
</table>

| Precautions: |
| Precautions taken to prevent impact to people, equipment, facilities, & systems. |

| Notifications: |
| Security | EH/ERT | FOG | W/F/IF | Air Liquide | Bulk Gas |
|☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| Required Attachments: |
|☐ | ☐ | ☐ | ☐ | ☐ |

| Additional Conditions / Concerns |
| Additional directions, required sub-permits, approvals, etc. |

| System Owner Authorization |
| Name: | Initials: | Name: | Initials: |

<table>
<thead>
<tr>
<th>Job Start Sign-On</th>
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<tbody>
<tr>
<td>SUNY Facility Representative: See Work Authorization Permit Sign Off Matrix</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>SUNY Cleanroom O.C. Representative: See Work Authorization Permit Sign Off Matrix</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>SUNY Fire Systems Representative: See Work Authorization Permit Sign Off Matrix</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>SUNY Safety Representative: See Work Authorization Permit Sign Off Matrix</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>CSR Cleanroom Representative: See Work Authorization Permit Sign Off Matrix</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>SUNY Cleanroom Representative: See Work Authorization Permit Sign Off Matrix</td>
</tr>
<tr>
<td>Date:</td>
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</tbody>
</table>

| Other: |
| See Work Authorization Permit Sign Off Matrix |
| Date: | |
| Other: |
| See Work Authorization Permit Sign Off Matrix |
| Date: | |

Printed copies are considered uncontrolled. Verify revision prior to use.
## Work Authorization Permit Sign Off Matrix

<table>
<thead>
<tr>
<th>Area of Responsibility</th>
<th>Primary</th>
<th>Contact #</th>
<th>Secondary</th>
<th>Contact #</th>
<th>Tertiary</th>
<th>Contact #</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUNY Facility Representative</td>
<td>Pat O'Dea</td>
<td>518-281-7487</td>
<td>Tom Moseman</td>
<td>518-320-4620</td>
<td>Mike Waite</td>
<td>518-605-5693</td>
</tr>
<tr>
<td>SUNY Cleanroom Q.C. Representative</td>
<td>Ramon Bonafacio</td>
<td>518-605-1814</td>
<td>Robin Paone</td>
<td>518-545-0978</td>
<td>Joe Merrigan</td>
<td>518-858-9875</td>
</tr>
<tr>
<td>SUNY Fire Systems Representative</td>
<td>Erin Commerford</td>
<td>518-221-4345</td>
<td>Joe Kosakowski</td>
<td>518-491-5445</td>
<td>Matthew Sullivan</td>
<td>518-894-1877</td>
</tr>
<tr>
<td>SUNY Safety Representative</td>
<td>Dan Greenlee</td>
<td>518-545-6376</td>
<td>Jon Hellman</td>
<td>518-390-6602</td>
<td>Darren Brookhart</td>
<td>518-364-4345</td>
</tr>
<tr>
<td>CSR Cleanroom Representative</td>
<td>Bob Young</td>
<td>518-813-6785</td>
<td>Jeff Dittmar</td>
<td>518-364-2376</td>
<td>Nick Granuzzo</td>
<td>845-380-0651</td>
</tr>
<tr>
<td>SUNY Cleanroom Representative(s)</td>
<td>Ray Michael</td>
<td>518-320-7964</td>
<td>Justin Metzger</td>
<td>518-320-5965</td>
<td>Tim Stoner</td>
<td>518-469-0585</td>
</tr>
<tr>
<td>LAM Representative</td>
<td>Steve Ellinger</td>
<td>518-233-0645</td>
<td>Mike O'Brien</td>
<td>518-414-2159</td>
<td>Elvin Orantes</td>
<td>518-859-6215</td>
</tr>
<tr>
<td>PEMC Representative</td>
<td>Pete Reilly</td>
<td>518-703-3562</td>
<td>Andrew Peters</td>
<td>518-925-8979</td>
<td>Steve Shaw</td>
<td>518-925-9454</td>
</tr>
<tr>
<td>AIM Photonics Representative</td>
<td>Pete Reilly</td>
<td>518-703-3562</td>
<td>Andrew Peters</td>
<td>518-925-8979</td>
<td>Steve Shaw</td>
<td>518-925-9454</td>
</tr>
<tr>
<td>SUNY IT Representative</td>
<td>Andrew Bellinger</td>
<td>315-727-8382</td>
<td>n/a</td>
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<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>AMAT Representative</td>
<td>Randall McCory</td>
<td>518-369-0494</td>
<td>Dixton Delancy</td>
<td>518-897-6506</td>
<td>Zachary Hill</td>
<td>518-795-8887</td>
</tr>
</tbody>
</table>

**NOTE:** Individual 'system owner' signature may be required as well. See 'System Owner Matrix' for this information (**FEI-00003**).