

Sheet Metal Workers International Association
New York State Council
H.V.A.C. Letter of Assignment
Work to be Performed Statement

Project Name:

Project Address:

Type of Project: Commercial Industrial Private
 Light Commercial Residential Public

Awarding Authority: General Contractor Mechanical Contractor
 Owner Other

General Contractor

Phone:

Name:

Address:

Mechanical Contractor

Phone:

Name:

Address:

DESCRIPTION OF WORK: F = fabrication, I = installation, check boxes

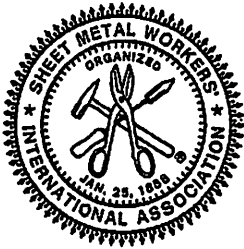
F	I		F	I		F	I	
<input type="checkbox"/>	<input type="checkbox"/>	Air Troffers	<input type="checkbox"/>	<input type="checkbox"/>	Ductwork	<input type="checkbox"/>	<input type="checkbox"/>	Fans
<input type="checkbox"/>	<input type="checkbox"/>	Louvers	<input type="checkbox"/>	<input type="checkbox"/>	Air Light Troffers	<input type="checkbox"/>	<input type="checkbox"/>	HVAC Units
<input type="checkbox"/>	<input type="checkbox"/>	Rip Out	<input type="checkbox"/>	<input type="checkbox"/>	Grill/Diffusers	<input type="checkbox"/>	<input type="checkbox"/>	Convector Covers
<input type="checkbox"/>	<input type="checkbox"/>	VAV Boxes	<input type="checkbox"/>	<input type="checkbox"/>	Heat Pumps	<input type="checkbox"/>	<input type="checkbox"/>	Drafting
<input type="checkbox"/>	<input type="checkbox"/>	Breeching	<input type="checkbox"/>	<input type="checkbox"/>	Spiral Duct/Fittings	<input type="checkbox"/>	<input type="checkbox"/>	Heating Coils
<input type="checkbox"/>	<input type="checkbox"/>	Roof Curbs	<input type="checkbox"/>	<input type="checkbox"/>	Radiator Enclosures	<input type="checkbox"/>	<input type="checkbox"/>	Plenums
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Hoods	<input type="checkbox"/>	<input type="checkbox"/>	Guards	<input type="checkbox"/>	<input type="checkbox"/>	Tool Fitup
<input type="checkbox"/>	<input type="checkbox"/>	HEPA Filters	<input type="checkbox"/>	<input type="checkbox"/>	Misc. Metals	<input type="checkbox"/>	<input type="checkbox"/>	Others: _____

The utilization of the work described above is assigned to the Sheet Metal Workers covering New York State. In association with the Sheet Metal Workers' International Association and the State Council of New York; our company's which demand quality craftsmanship from our tradesmen, have found that the Sheet Metal Workers' perform the work described above more proficiently and economically which helps us competitively in this regions.

Name/Signature Company Representative:

Name of Firm:

Date:



Sheet Metal Workers International Association
New York State Council
Service Letter of Assignment
Work to be Performed Statement

Project Name:

Project Address:

Type of Project: Commercial Industrial Private
 Light Commercial Residential Public

Awarding Authority: General Contractor Mechanical Contractor
 Owner Other

General Contractor

Phone:

Name:

Address:

Mechanical Contractor

Phone:

Name:

Address:

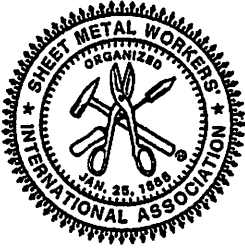
- | | | |
|---|--|---|
| <input type="checkbox"/> Rooftop Unit | <input type="checkbox"/> Refrigeration lines | <input type="checkbox"/> Filters |
| <input type="checkbox"/> Mini-Splits | <input type="checkbox"/> Refrigeration line-sets | <input type="checkbox"/> Duct Cleaning |
| <input type="checkbox"/> Split Systems | <input type="checkbox"/> Refrig-Charging | <input type="checkbox"/> Components Parts |
| <input type="checkbox"/> Gas piping | <input type="checkbox"/> Refrig-Recovery | <input type="checkbox"/> Heat-Exchangers |
| <input type="checkbox"/> Motors | <input type="checkbox"/> New/Replace | <input type="checkbox"/> Start-ups |
| <input type="checkbox"/> Condensing Units | <input type="checkbox"/> Evaporator Coils | <input type="checkbox"/> Heat Pumps |
| <input type="checkbox"/> Soldering | <input type="checkbox"/> Brazing | <input type="checkbox"/> Belts |
| <input type="checkbox"/> Fans | <input type="checkbox"/> Furnace | <input type="checkbox"/> A/C Units |
| <input type="checkbox"/> Installation | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Repair |
| <input type="checkbox"/> HVAC Units | <input type="checkbox"/> Oil Burner Equipment | <input type="checkbox"/> Gas Burner Equipment |
| <input type="checkbox"/> Boilers | <input type="checkbox"/> Chillers | <input type="checkbox"/> Cooling Towers |
| <input type="checkbox"/> Coolers | <input type="checkbox"/> Ovens | <input type="checkbox"/> Others: _____ |

The utilization of the work described above is assigned to the Sheet Metal Workers covering New York State. In association with the Sheet Metal Workers' International Association and the State Council of New York; our company's which demand quality craftsmanship from our tradesmen, have found that the Sheet Metal Workers' perform the work described above more proficiently and economically which helps us competitively in this regions.

Name/Signature Company Representative:

Name of Firm:

Date:



Sheet Metal Workers International Association
New York State Council
Architectural Letter of Assignment
Work to be Performed Statement

Project Name:

Project Address:

Type of Project: Commercial Industrial Private
 Light Commercial Residential Public

Awarding Authority: General Contractor Mechanical Contractor
 Owner Other

General Contractor

Phone:

Name:

Address:

Mechanical Contractor

Phone:

Name:

Address:

DESCRIPTION OF WORK: F = fabrication, I = installation, check boxes

<table border="0"> <tr><td style="text-align: center;">F</td><td style="text-align: center;">I</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Louvers</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Decking</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Flat panel Roofing</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Copings</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Drip edge</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Gravel Stop</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Conductors</td></tr> </table>	F	I		<input type="checkbox"/>	<input type="checkbox"/>	Louvers	<input type="checkbox"/>	<input type="checkbox"/>	Decking	<input type="checkbox"/>	<input type="checkbox"/>	Flat panel Roofing	<input type="checkbox"/>	<input type="checkbox"/>	Copings	<input type="checkbox"/>	<input type="checkbox"/>	Drip edge	<input type="checkbox"/>	<input type="checkbox"/>	Gravel Stop	<input type="checkbox"/>	<input type="checkbox"/>	Conductors	<table border="0"> <tr><td style="text-align: center;">F</td><td style="text-align: center;">I</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Standing Seam Roofing</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Skylights</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Curbs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Outlets</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hips & Valleys</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Leader Heads</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Misc. Metals</td></tr> </table>	F	I		<input type="checkbox"/>	<input type="checkbox"/>	Standing Seam Roofing	<input type="checkbox"/>	<input type="checkbox"/>	Skylights	<input type="checkbox"/>	<input type="checkbox"/>	Curbs	<input type="checkbox"/>	<input type="checkbox"/>	Outlets	<input type="checkbox"/>	<input type="checkbox"/>	Hips & Valleys	<input type="checkbox"/>	<input type="checkbox"/>	Leader Heads	<input type="checkbox"/>	<input type="checkbox"/>	Misc. Metals	<table border="0"> <tr><td style="text-align: center;">F</td><td style="text-align: center;">I</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Siding</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Gutters & Downspouts</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Column Covers</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Fascia</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Flashing</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Soffit</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Others: _____</td></tr> </table>	F	I		<input type="checkbox"/>	<input type="checkbox"/>	Siding	<input type="checkbox"/>	<input type="checkbox"/>	Gutters & Downspouts	<input type="checkbox"/>	<input type="checkbox"/>	Column Covers	<input type="checkbox"/>	<input type="checkbox"/>	Fascia	<input type="checkbox"/>	<input type="checkbox"/>	Flashing	<input type="checkbox"/>	<input type="checkbox"/>	Soffit	<input type="checkbox"/>	<input type="checkbox"/>	Others: _____
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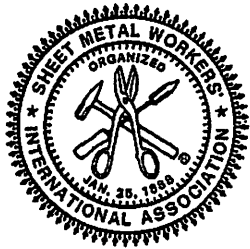
The utilization of the work described above is assigned to the Sheet Metal Workers covering New York State. In association with the Sheet Metal Workers' International Association and the State Council of New York; our company's which demand quality craftsmanship from our tradesmen, have found that the Sheet Metal Workers' perform the work described above more proficiently and economically which helps us competitively in this regions.

Name/Signature Company Representative:

Name of Firm:

Date:

X



Sheet Metal Workers International Association
New York State Council
Direct Digital Controls Letter of Assignment
Work to be Performed Statement

Project Name:

Project Address:

Type of Project: Commercial Industrial Private
 Light Commercial Residential Public

Awarding Authority: General Contractor Mechanical Contractor
 Owner Other

General Contractor

Phone:

Name:

Address:

Mechanical Contractor

Phone:

Name:

Address:

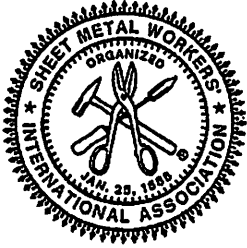
- | | | |
|---|--|---|
| <input type="checkbox"/> Air Systems | <input type="checkbox"/> Install Panels | <input type="checkbox"/> Install Sensors |
| <input type="checkbox"/> Water Systems | <input type="checkbox"/> HVAC Units | <input type="checkbox"/> Retrofitting |
| <input type="checkbox"/> Valve Sizing | <input type="checkbox"/> VAV Boxes | <input type="checkbox"/> Flow Stations Water |
| <input type="checkbox"/> Design Build | <input type="checkbox"/> Built Control Panels | <input type="checkbox"/> Flow Stations Air |
| <input type="checkbox"/> Auto-Cad Drawings | <input type="checkbox"/> Heating/Cooling Coils | <input type="checkbox"/> Commissioning |
| <input type="checkbox"/> Heat Pumps | <input type="checkbox"/> Exhaust Systems | <input type="checkbox"/> Heat Recovering |
| <input type="checkbox"/> Install Control Wiring | <input type="checkbox"/> System Monitoring | <input type="checkbox"/> Install Bridle Rings |
| <input type="checkbox"/> Power Monitoring | <input type="checkbox"/> Install Modules | <input type="checkbox"/> Fume Hoods |
| <input type="checkbox"/> Cooling Towers | <input type="checkbox"/> Light Monitoring | <input type="checkbox"/> Heat Exchanger Control |
| <input type="checkbox"/> Speed Drives | <input type="checkbox"/> Clean Rooms | <input type="checkbox"/> Fire Safety "Fire/Smoke" |
| <input type="checkbox"/> BUTH Meters | <input type="checkbox"/> Energy Management | <input type="checkbox"/> Humidifier Control |
| <input type="checkbox"/> Dehumidifier Control | <input type="checkbox"/> Chiller Control | <input type="checkbox"/> Boiler Control |
| <input type="checkbox"/> Plans/Spec. Manuals | <input type="checkbox"/> Programming | <input type="checkbox"/> Damper Control |

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Name/Signature Company Representative:

Name of Firm:

Date:



Sheet Metal Workers International Association
New York State Council
TABB Letter of Assignment
Work to be Performed Statement

Project Name:

Project Address:

Type of Project: Commercial Industrial Private
 Light Commercial Residential Public

Awarding Authority: General Contractor Mechanical Contractor
 Owner Other

General Contractor

Phone:

Name:

Address:

Mechanical Contractor

Phone:

Name:

Address:

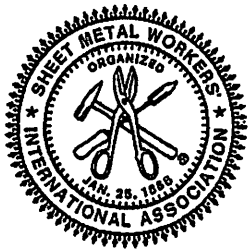
- | | | |
|---|---|---|
| <input type="checkbox"/> Test, Adjust & Balance-Air | <input type="checkbox"/> Indoor Air Quality | <input type="checkbox"/> Lead Certification |
| <input type="checkbox"/> Test, Adjust & Balance-Water | <input type="checkbox"/> Building Commissioning | <input type="checkbox"/> HEPA Certification |
| <input type="checkbox"/> Clean rooms | <input type="checkbox"/> Filtration | <input type="checkbox"/> Smoke Damper Test |
| <input type="checkbox"/> Fire Damper Test | <input type="checkbox"/> Stairwell Pressurization | <input type="checkbox"/> Fume Hoods |
| <input type="checkbox"/> Exhaust Fans | <input type="checkbox"/> Air-Handling Units | <input type="checkbox"/> Sound & Vibration |
| <input type="checkbox"/> Heat Recovering Units | <input type="checkbox"/> Energy Management | <input type="checkbox"/> Heat-Pumps |
| <input type="checkbox"/> Cooling Towers | <input type="checkbox"/> Boilers | <input type="checkbox"/> V.A.V. Boxes |
| <input type="checkbox"/> Pressurization | <input type="checkbox"/> Chillers | <input type="checkbox"/> Air Filter Change |
| <input type="checkbox"/> Sheave Exchange | <input type="checkbox"/> Constant Volume System | <input type="checkbox"/> System start up |

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Name/Signature Company Representative:

Name of Firm:

Date:



Sheet Metal Workers International Association
New York State Council
Kitchen Equipment/ Miscellaneous Letter of Assignment
Work to be Performed Statement

Project Name:

Project Address:

Type of Project: Commercial Industrial Private
 Light Commercial Residential Public

Awarding Authority: General Contractor Mechanical Contractor
 Owner Other

General Contractor

Phone:

Name:

Address:

Mechanical Contractor

Phone:

Name:

Address:

DESCRIPTION OF WORK: F = fabrication, I = Installation, check boxes

F I	F I	F I
<input type="checkbox"/> <input type="checkbox"/> Ceilings	<input type="checkbox"/> <input type="checkbox"/> Kitchen Equipment	<input type="checkbox"/> <input type="checkbox"/> Shelving
<input type="checkbox"/> <input type="checkbox"/> Toilet Partitions	<input type="checkbox"/> <input type="checkbox"/> Fire Curtains	<input type="checkbox"/> <input type="checkbox"/> Refrigerated Units
<input type="checkbox"/> <input type="checkbox"/> Hose Reels	<input type="checkbox"/> <input type="checkbox"/> Counters & Equip	<input type="checkbox"/> <input type="checkbox"/> Spray Booths
<input type="checkbox"/> <input type="checkbox"/> Lockers	<input type="checkbox"/> <input type="checkbox"/> Loading/Unloading Equip	<input type="checkbox"/> <input type="checkbox"/> Display Cases
<input type="checkbox"/> <input type="checkbox"/> Breeching	<input type="checkbox"/> <input type="checkbox"/> Metal Wall Panels	<input type="checkbox"/> <input type="checkbox"/> Hand Sinks
<input type="checkbox"/> <input type="checkbox"/> Traffic Rails	<input type="checkbox"/> <input type="checkbox"/> Pot Racks	<input type="checkbox"/> <input type="checkbox"/> Drain Pans
<input type="checkbox"/> <input type="checkbox"/> Exhaust Hoods	<input type="checkbox"/> <input type="checkbox"/> Ovens	<input type="checkbox"/> <input type="checkbox"/> Laboratory Equip
<input type="checkbox"/> <input type="checkbox"/> All Coolers/Freezers	<input type="checkbox"/> <input type="checkbox"/> Any & All Metal Trim	<input type="checkbox"/> <input type="checkbox"/> Faucets All
<input type="checkbox"/> <input type="checkbox"/> Dish Rooms	<input type="checkbox"/> <input type="checkbox"/> Hot Food Wells	<input type="checkbox"/> <input type="checkbox"/> Others: _____

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Name/Signature Company Representative:

Name of Firm:

Date: