

# Application for the Use of Alternate Formats

Mailing: PO Box 307, Trenton, NJ 08625  
Location: 2300 Stuyvesant Avenue, Trenton, NJ 08618



## THIS AGENCY SEEKS APPROVAL FOR THE USE OF

PNG                       MULTI-PAGE TIFF                       OTHER

## AGENCY PROFILE:

*Agency Name (include Department, Division, and/or Bureau when appropriate):*

*Address: (include Street Address, City, State and Zip Code):*

*Agency's Web Site:*

*Legal Custodian of Records:*

*Name:*

*Title:*

*Phone:*

*Fax:*

*E-mail:*

## JUSTIFICATION FOR THE USE OF ALTERNATE FORMAT (N.J.A.C. 15:3-??):

An agency must apply to the Division of Archives and Records Management for the use of Alternate Formats, PRIOR to the implementation of the imaging system. Please attach the justification documentation and examples of black and white and grey scale pages for your agency's use of the Alternate Format.

## AGENCY VERIFICATION:

I hereby certify that the documentation attached to this *Application for the Use of Alternate Formats* is a true and an accurate reflection of the agency's proposed use of an alternate format and is submitted in compliance with N.J.A.C.15:3-4.5.

\_\_\_\_\_  
Signature: Legal Custodian

\_\_\_\_\_  
Date

*For questions or further assistance, contact:*

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