

MUNICIPAL SERVICES DIVISION

Local-to-Local Cross-Filer Form

M-600 (2/2020)

Albany, NY 12239

This form must be completed and emailed to Shipping@cs.ny.gov no later than two weeks before the test date. To: Shipping Unit From: Subject: **Local-to-Local Cross-Filer Report** Date: (MM/DD/YYYY) Exam Date: (MM/DD/YYYY) Send to: (Specify city/county where materials are to be sent, e.g., City of Albany, Albany County) Please ADD examination materials to the above-named municipality's shipment for their use in administering our agency's examination to the following candidate: Candidate Name: (additional candidates may be listed below) We have listed below all examination numbers, titles and agency names for which the candidate has applied, as reported by the candidate. We have also included the corresponding booklet numbers*. We understand this request will not be processed without the required information. ☐ We understand the requirements Local **Exam Title/Agency Name Booklet Numbers** Exam # (from current Shipping Report) *If the cross-filer is participating in exams with all of the same booklets, there is no need to send this form to Shipping. Up to ten additional candidates taking the same examinations at the "send to" location named above are listed below: